

**HOSPITAL MINISTRY:  
A VOLUNTEER TRAINING PROGRAM FOR  
CHAPLAINS, LAITY AND SPOUSES AT  
THE MARTIN ARMY COMMUNITY HOSPITAL IN COLUMBUS, GEORGIA**

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## **ABSTRACT**

### **HOSPITAL MINISTRY: A VOLUNTEER TRAINING PROGRAM FOR CHAPLAINS, LAITY AND SPOUSES AT THE MARTIN ARMY COMMUNITY HOSPITAL IN COLUMBUS, GEORGIA**

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The model of ministry developed in this dissertation is intended to demonstrate how military hospital chaplains can respond more qualitatively to the needs of patients and care providers at Martin Army Community Hospital at Fort Benning, in Columbus, Georgia. Fort Benning, is an installation unit of the United States Army. The model calls for the implementation of a Volunteer Training Program that builds on the skills and experience of active and reserve duty chaplains, as well as those of laity and spouses, to conduct pastoral ministry and visitation. This project grew out of a drastic need to assist chaplains in the Department of Ministry and Pastoral Care in ensuring adequate coverage for patients and care providers at the Hospital. The model seeks to establish a "Ministry of Presence," i.e., to have so many trained volunteers available throughout the Hospital that the care needs of patients at any given time do not go unmet.

Historically, the Unit Ministry Team has been hampered in its efforts to provide adequate coverage for the ministry and pastoral care needs of patients and care providers. This situation resulted primarily from the fact that excessive meetings, conferences, miscellaneous duty requirements, and other low-priority tasks consumed a

disproportionate amount of the Ministry Team members' time. While some effort was made to reduce the number of non-essential functions, duties that were not directly related to pastoral care still constituted major distractions and prevented the Unit Team's members from attending to the more essential tasks of ministering to the needs of patients. The implementation of the Volunteer Training Program brought relief to the overwhelmed Unit Ministry Team in the form of an "army" of volunteers who were trained to function as chaplains. The presence of support staff allowed the chaplaincy staff to attend to other tasks and helped ensure that a trained and caring person was available when needed. The Program is an intensive experience structured around one week of instruction, readings, simulated counseling sessions, role-playing visitations, writing verbatim reports, peer review, and dialogue-feedback sessions with a volunteer supervisor. The training gave active and reserve duty chaplains additional experience in hospital ministry and fulfilled the basic requirements for continuing education units for lay person.

Overall, the Volunteer Training Program was successful in that it enhanced the presence of trained chaplain's volunteers and ensured that the care needs of patients were meant. The Program precipitated an increased awareness of the importance of pastoral care and a greater sensitivity to the need for hospital ministry. In addition, this Program inspired chaplains at other military hospitals to consider such a program for the hospitals at which they are stationed. Most importantly, the Volunteer Training Program significantly improved the capacity of the Department of Ministry and Pastoral Care at Martin Army Community Hospital to provide effective pastoral ministry and patient care.

## DEDICATION

Gratefully and with much love,  
I dedicate this dissertation to my wife, Angela,  
and to our four children:  
Andrew IV, Amanda, Anthony, and Aaron.



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## CHAPTER I

### INTRODUCTION

Martin Army Community Hospital (MACH) now has a well-established Volunteer Training Program (VTP.) The Volunteer Training Program trains chaplains, laity, and spouses to provide pastoral care to hospital patients. This introductory program focused on the basic elements of pastoral care. The purpose was not to produce experts in pastoral ministry, but to introduce the chaplains to a variety of methods of pastoral care as they related to patients in crisis.

Martin Army Community Hospital is a part of the command at Fort Benning, a United States Army post located in Columbus, Georgia. The Martin Army Community Hospital serves active, reserve, and retired military personnel, as well as their spouses and dependent children. The previous staff of care providers was inadequate to meet the present and anticipated pastoral care needs. To increase the number of qualified staff care providers, the researcher developed and established a Volunteer Training Program for chaplains, laity and spouses. Once trained, the volunteers were added to the chaplaincy staff, which increased the number of

qualified staff care providers and enhanced the overall quality of patient care at Martin Army Community Hospital.

The Volunteer Training Program was structured to meet the particular needs of MACH, while simultaneously incorporating basic elements of chaplaincy skills and proficiencies. Basic elements of the program include the following:

- pastoral visitation
- daily pastoral care reports
- daily reflection papers
- daily individual supervisory sessions
- daily interpersonal relationships in a group setting
- didactic seminars
- quarterly reading assignments and
- a one-day pastoral care conference

The Volunteer Training Program was a one-week intensive program. Each volunteer was required to submit a learning covenant for the unit, in addition to a self-evaluation. Participants were actively engaged in training from 7:30 a.m. until 4:00 p.m. After hours, the participants were on call for emergencies at Martin Army Community Hospital. If called, they were assigned to various units and wards throughout the hospital.

Finally, each participant worked out an individual plan with the supervisor to complete her or his training.

Fulfilling this requirement enabled the volunteer to receive full credit for the training experience.

### THE STUDY CONTEXT

#### Hospital Setting

This study was carried out at the Martin Army Community Hospital. Approximately eight hundred military personnel are assigned to this hospital. Twelve hundred civilian employees make up the remainder of the work force. Martin Army Community Hospital is similar to a civilian hospital in that it is comprised of an emergency room, intensive care units, departments of orthopedics, pediatrics, labor and delivery, and a pharmacy. The writer's official position in the hospital was Chief of the Department of Ministry and Pastoral Care, his primary mission was to provide pastoral care to all inpatients.

Martin Army Community Hospital serves an average of fifty inpatients per week, all of whom are entitled to a visit from the hospital chaplain. In addition, the twenty to thirty people treated daily in the Emergency Room are also entitled to a pastoral care visit. Although these patients may be in the hospital for only a brief period, they form a vital part of the pastoral ministry.

The mission of Martin Army Community Hospital is to treat all active duty and reserve soldiers, as well as their spouses and dependent children. The mission of the

Department of Ministry and Pastoral Care is to enhance the quality of the health care delivery system by providing a comprehensive religious and pastoral ministry program for patients, families, and staff serving within this command.

The Hospital Commander supports the mission of the hospital and of the Department of Ministry and Pastoral Care. The Hospital Commander has his own vision for the hospital, which encompasses four major goals: remain customer focused, embrace change, advance the education of our patients and ourselves, and promote excellence and readiness in health care. The hospital staff is committed to the Commander's vision of maintaining a high-quality health care system.

### **Local Community**

Fort Benning is widely known as the home of the United States Infantry. The total force is made up of several units: the Installation houses the Ranger Regiment and Battalion, the Training Brigade for recruits, the 3<sup>rd</sup> Armor Brigade, and the 36<sup>th</sup> Engineer Group, Airborne. It also houses the Pathfinder and Ranger Schools, the 14<sup>th</sup> Field Hospital and the Hospital Troop Command Unit. These units support the Installation's mission for soldier readiness on post.

Several civilian and military agencies provide support to Fort Benning, which is a vital part of the surrounding

community of Columbus, Georgia. Many retired, active duty military personnel reside in the Columbus area and work on post in civilian jobs. Their military training and experiences have proved to be an invaluable asset in providing quality assistance to the clientele at Fort Benning. For instance, Fort Benning has retired and active duty personnel that work in finance, transportation, and housing. A vast majority of the retired individuals worked in these job areas while they were on active duty. Their knowledge, experience, and expertise are invaluable in carrying out Fort Benning's mission.

### **Religious Preferences**

The major religious preferences cited by persons in the Fort Benning community are Roman Catholic, Protestant, and Jewish. Approximately forty chaplains are assigned to Fort Benning to serve the religious needs of these populations. Two active duty chaplains, one civilian contract priest, a lay Eucharistic minister, and a non-commissioned officer (who handles administration and logistics), are assigned to Martin Army Community Hospital.

### **Primary Emphasis**

The primary emphasis of the Department of Ministry and Pastoral Care is patient care. Worship is secondary to patient care, although the department does provide several opportunities for worship for patients, soldiers, and



civilians.' The department also provides individual and marital counseling, retreats, suicide awareness training, prayer breakfasts, prayer luncheons, and a pizza fellowship for soldiers who are single.

Patient care is more than just taking care of the medical needs of the patient. The patient is a person, and the Volunteer Training Program was designed to focus on the "person" aspect of the patient. Patient care encompasses everything about the person who happens to be in a hospital bed. The ministerial staff, therefore, was not limited to praying, reading scripture, singing hymns, sharing literature, and listening to the patients' problems. The staff endeavored to interact with and minister to each person from a more holistic perspective, taking all of his or her needs into account.

The Volunteer Training Program addressed the total needs of the patient. We were willing to interact with family members, friends, and other loved ones. We were willing to do whatever it took to enhance the morale and uplift the spirits of a particular patient. It was not unusual for a chaplain to respond to whatever need arose, for example, several chaplains were called upon to conduct funeral services at the request of families. Others were called upon to make home visits or perform other necessary duties during a patient's recuperating period.

Respecting the rights of the patient is another important aspect of patient care, and the Volunteer Training Program fully supports patient's rights. Each patient is an individual with unique health care needs. We are dedicated to working with the hospital to ensure that the patient's rights are not violated.

Several factors had to be considered in matters of patients' rights. The patient was always to be provided with considerate, high-quality care. The patient also received complete and understandable information about her or his diagnosis, treatment, and prognosis. Patients were encouraged to participate in decisions concerning their own care or to designate someone to speak on their behalf. It was important that they knew the specific names of their health care providers. The patient's personal information was kept confidential, which assured privacy for the patient. Patients participated in discussions of ethical issues and received pertinent information concerning advance directives, such as a living will or power of attorney. The patient could have received a response to any request for medical care information. Finally, patients were encouraged to seek a second opinion concerning their own diagnosis and treatment. In short, the Volunteer Training Program fully supported the hospital in ensuring that patients' rights

were honored. All of these considerations were vital in providing quality care for the patient.

### **THE MINISTRY ISSUE**

Martin Army Community Hospital in Fort Benning, Georgia, has more than sixty beds and houses an average of fifty patients per week. The patients were entitled to a visit from a hospital chaplain. The twenty to thirty - people treated daily in the emergency room were also entitled to a visit from the hospital chaplain. In addition, the command supports a daily morning sick call in order to provide adequate health care to the military community. As indicated earlier, the primary mission of the Department of Ministry and Pastoral Care was to provide quality pastoral care to all in-patients and staff/care providers at the Martin Army Community Hospital.

### **The Ministry Challenge**

Quality pastoral care to all in-patients, and staff care providers was not being conducted by the Department of Ministry and Pastoral Care on a daily basis due to excessive requirements beyond the medical treatment facility.

The Department of Ministry and Pastoral Care had a limited staff of two chaplains, one lay Eucharist minister and one enlisted person. Routinely, all chaplains are required to support the Installation Chaplain's Command Masters Religious Program (CMRP). The CMRP required that

chaplains conduct marriages, funerals, and burials, as well as be available for 72-hour on-call duty. Chaplains must also provide leadership for Sunday School, Bible study, religious education, and worship services. Performing these duties, along with attending morning and weekly meetings at the hospital and the installation, did prohibit chaplains from providing quality health care to persons who need it.

All chaplains were required by the Post Chaplain to attend staff meetings, field training exercises, commander's conferences, professional development training, preaching responsibilities which prevented them from providing quality pastoral care to the patients at Martin Army Community Hospital.

In actuality, several distractions prevented the department from providing pastoral care to in-patients and staff/care providers. It was a distraction when chaplains were called to train in a field environment for two weeks or more without having adequate substitute coverage. During this time, patients were neglected and were not visited by chaplains. A further distraction was when chaplains were tied up in meetings mandated by the installation chaplain. Other distractions came in the form of time-consuming duties, such as funerals and memorial services.

A significant number of funerals and memorial services take place in the Fort Benning and Columbus, Georgia

communities, particularly for retired military personnel. These services are very important, especially to family members, but they are also very time-consuming to the chaplains who must conduct the services. Greater consideration needs to be given to whether the Hospital Ministry Team should be required to conduct these services.

Still another distraction was the assignment load of the on-call Duty Chaplain. Whenever a chaplain serves as the Duty Chaplain, he or she can be called to respond to any crisis, at any time and anywhere. In response to the extensive responsibilities of the on-call Duty Chaplain, the Fort Benning Unit Ministry Team has expanded its one-day coverage to three days. Yet, this commitment remains a major distraction for the ministry team at Martin Army Community Hospital, because it takes the chaplains away from critical hospital duties. This does not mean that crises should not be responded to; rather, it means that the hospital command could begin to seek out more effective means of meeting both sets of responsibilities.

All chaplains are required to support the Command Masters Religious Program at Fort Benning. In other words, all chaplains must participate in, to some degree, the ongoing religious activities on post. These activities include Bible study, Sunday School, religious education, and youth ministries. They also include pastoring congregations

and sponsoring various faith groups. These activities are extremely time-consuming and can be major distractions for chaplains. Hospital ministry is, by its very nature, demanding and time consuming, requiring that chaplains devote most of their time and energy to patients and staff care providers at the hospital. These are just some of the major distractions that prevent the Department of Ministry and Pastoral Care from providing the highest quality pastoral visitations. The majority of these requirements can prevent pastoral visitations altogether.

### **The Intent of the Project**

A Volunteer Training Program (VTP) for the Department of Ministry and Pastoral Care was developed to target active and reserve duty chaplains, laity, and military spouses in order to enhance the quality of patient care at Martin Army Community Hospital. This program was to allow chaplains to train other chaplains, laity and military spouses to provide quality pastoral care through a model of ministry known as a "Ministry of Presence."

### **Developing the Model "A Ministry of Presence"**

The model of ministry proposed here was a Ministry of Presence. The central idea of a Ministry of Presence was to make trained individuals consistently available and easily accessible to those in need of support and assistance. In a Ministry of Presence, it is of primary importance that

patients know that a trained, caring person is available. The care provider is available to administer analytic care such as marriage counseling or grief support, but it is just as important that the care provider simply be present with the person in need. It is often the physical presence of a caring individual that conveys a message of comfort, concern, or empathy. The care provider, by being present and attentive, shares in the person's hardships and is therefore able to identify with the person's pain. The same holds true for times of joy and celebration. Happiness can be a shared experience through conversation or through silence.

The writer's idea of empathizing with people truly describes his personality and character. He has a natural ability of relating to people and connecting with them. His Model of Presence relates well with Hospital Ministry and the Volunteer Training Program.

The ability to empathize with people who are experiencing a crisis in their life can be very empowering. The art of empathy used in a positive way to enable a person to endure their crisis is a gift from God.

A Ministry of Presence is limitless as to the effectiveness in ministry especially hospital ministry. The chaplain can touch, smell, see, and hear, which is actually experiencing the pain and suffering of a person need.

Patients are in desperate need of the chaplain's physical presence as they journey through their illness.

The main purpose of the Volunteer Training Program was to recruit and train other chaplains, laity, and spouses to share their presence in providing hope and ministry to patients during times of suffering and crisis. The interest, motivation, and support from the command was available. Our active presence was what was desperately needed.

Another way of understanding what this model, the Ministry of Presence, may entail, was to examine the many ways ministry has been made available to people. Modern technology allows a care provider to be "present" in something other than the physical sense, i.e., the care provider can convey through public advertisements, oral communication, newspaper, television, electronic mail, and the Internet. For example, a hospitalized person may receive encouragement through a "visit" in the form of a card, voice mail message, e-mail message, balloons, flowers, videotape, audio-tape, or banner. These and other means of demonstrating care ensure that the spirit of caring is ever-present throughout the hospital, whether or not a care provider is physically present. It was hoped that, through the effective implementation of the model, chaplains would be able to devote more of their attention to quality care,



and that patients would benefit from the presence of additional trained volunteer "chaplains" in their midst.

As an experienced hospital chaplain, the author was comfortable utilizing his gifts, talents, and abilities in a ministry of presence to help hospitalized persons during times of suffering and crisis. This model of ministry, a Ministry of Presence, reflects both his personality and style of ministry.

### **A Model of Ministry**

A model of ministry is a device or means of looking at ministry, with the aim of making it comprehensive and meaningful. The Army Chaplaincy views a model of ministry from the perspective of pastoral care. The key word being care, one of the primary ways care can be administered was through the Ministry of Presence model. This model was proposed for use in hospital chaplaincy at Fort Benning, consists of five phases:

1. Assessment of staff capabilities and patient care needs. First, the assessment of staff capabilities and patient care needs. There was an assessment done on all patients in the hospital. The hospital staff conducted the patient assessment. The implementation of medical care is performed based on the level of care of the patient. The Volunteer Training Program has been designed to train chaplains, laity and spouses to operate as part of the staff in assessing the

needs of the patient's care. The doctors, nurses, specialist, chaplains, and others work as a team to provide quality care to the patient.

2. Identification of pool of volunteers. Another important aspect of this Model of Presence was the identification of a pool of volunteers. Active duty chaplains at Fort Benning, Reservists from different parts of the United States, laity from Beacon Bible College and El Sha Dai Bible College, and several spouses of retired and deceased military personnel, have volunteered to participate in this Volunteer Training Program. These volunteers are more than willing to train, learn, and care for patients.

3. Implementation of Volunteer Training Program. Still another important aspect of this Model of Presence was the implementation of the Volunteer Training Program. The Martin Army Community Hospital Commander, COL Everett Newcomb, III, gave the approval and authority to establish the Volunteer Training Program at Martin Army Community Hospital. The hospital commander not only supported us with financial resources and staff assistance. He also fought the battle of the on-call Duty Chaplain issue with the Post Chaplain. The Post Chaplain took the Hospital chaplains off the on-call duty roster permanently due to the influence of Colonel Newcomb.

4. Utilization of volunteer staff care providers. The utilization of volunteer staff care providers helped tremendously with the total coverage of patients in the hospital on a daily basis. The chaplain had to seek out other chaplains who had supervisory experience within the Fort Benning and Columbus, Georgia communities, to assist with the supervision. We were amazed to find a lot of help from retired chaplains who lived in the Columbus area who did not mind sharing their time and expertise with the volunteer staff care providers.

5. Evaluation of effectiveness of volunteer staff. Finally, evaluation of the effectiveness of the volunteer staff was not always an easy feat. There were some volunteers who could not commit fully to the program due to personal or professional reasons. We discovered early on to screen the volunteers closely and to get a written agreement prior to their acceptance into the program/training.

One of the ways to measure the effectiveness of the volunteers, was from the feedback from the patients. Patients were quick to comment to the nursing staff about the volunteer staff care providers. Another way that we measured the effectiveness of the training, was to ask the doctors and nurses on the wards. The observation of the professional proved to be noteworthy. Then, we also allowed

the volunteers to give us their own personal feedback as to the effectiveness of their visit with the patient.

### **Limitations of the Study**

1. A follow-up training program needed to be developed in order to maintain consistency and continuity.
2. Training was provided for the clergy but, the VTP did not have training for non-clergy or the chaplain assistants. Many chaplain assistants thought that the training was a waste of their time.
3. The VTP did not do well in recruiting civilians or military spouses to participate in the training or ministry experience.
4. The VTP needed to become an on-going program to promote and enhance quality patient care. The current Chaplain and Hospital Commander to endorse the VTP.
5. Some chaplains shared in their after action comments that they were forced to do ministry beyond the specialty and calling.

## CHAPTER II

### LITERATURE REVIEW

#### Normative Literature

The Bible served as a reference to support this model of ministry which gave the Volunteer Training Program focus. In the following paragraphs references are highlighted to support this idea of a ministry of presence. The Volunteer Training Program originated from the writer's idea of "Presence" which was a Model of Ministry. Presence of Ministry was the essence of the Volunteer Training Program. We were training chaplains, laity, and spouses to provide an effective Presence of Ministry to the patients and staff care providers at Martin Army Community Hospital. An effective Presence of Ministry can be accomplished through spiritual, emotional, social and physical approaches.

The biblical narrative in Genesis chapter one addresses the presence of God and how God created humankind. Genesis 1: 27 and 28 says, " So God created Man in His own image, in the image of God he created him; male and female he created them. God blessed them and said to them, be fruitful and increase in number" (Genesis 1:27-28 KJV). God not only created humankind to be fruitful and multiply,

but to share in ones suffering and to comfort and aids those in need. The Volunteer Training Program has captured the essence of this Genesis narrative, which conveys clearly the compassion, and love of God displayed in his creation of humankind.

There is a biblical perspective to hospital ministry. Jesus embodied the true meaning of hospital ministry through his own Ministry of Presence. Jesus went where the people were and ministered to their needs. Jesus became all things to all people by being spiritually, socially, and physically presents with them. The Volunteer Training Program can train and empower chaplains, laity, and spouses to conduct a ministry of hope and care for persons who are suffering and in need, just as Jesus did.

Another example of the Ministry of Presence came from the same biblical narrative found in Genesis, "And they heard the voice of the Lord God walking in the garden in the cool of the day: and Adam and his wife hid themselves from the presence of the Lord God amongst the trees of the garden" (Genesis 1: 8 KJV). Adam and Eve were hiding because of sin, but there are people in a hospital who are hiding from God for various reasons. Can we hide from the eternal presence of God? God is omnipresent! God is everywhere. We cannot hide from the presence of God. Particularly in a hospital setting, it is our duty to seek and find those who

are suffering alone and minister to them, as a way of representing the presence and power of God.

Some of the patients in Martin Army Community Hospital have openly shared with some of the chaplains their reasons for hiding from God's presence. Their reasons for hiding from God could be a number of things. People could be hiding from God because they are afraid to die. Or they could be afraid to live. Some may have turned their backs on God. Whatever the reason, chaplains can use their own presence to explore these issues with those patients. This is another important reason why this Volunteer Training Program was so vital.

Other Old Testament references that support the Ministry of Presence model and the critical nature of this Volunteer Training Program. We see in Isaiah 53:3-5 the description of the humanity of Jesus:

"3 He is despised and rejected of men; a man of sorrows, and acquainted with grief:

and we hid as it were our faces from him; he was despised, and we esteemed him not.

4 Surely he hath borne our griefs, and carried our sorrows: yet we did esteem him

stricken, smitten of God, and afflicted.

5 But he was wounded for our transgressions, he was bruised for our iniquities: the

chastisement of our peace was upon him; and with his stripes we are healed" (Isaiah 53:3-5 KJV).

This passage embodies an important principle of the Ministry of Presence model. It was comforting for patients to know that someone could identify with their suffering. The text above Isaiah clearly depicts God as one who understands pain and suffering. We minister to those who are suffering with the knowledge that God, through Jesus, suffers for us.

God's suffering is connected with the suffering patient. In other words, our suffering is connected with God's suffering. God is aware of our hurts, our pains, and our suffering. God cares about what happens to us even when we are lying in a hospital. Chaplains, laity and spouses and act as agents of God's loving presence.

Isaiah 63:9 says, "In all their affliction he was afflicted, and the angel of his presence saved them; in his love and in his pity he redeemed them, and he bore them, and carried them all the days of old" (Isaiah 63:9 KJV). This passage from Isaiah is in line with Peter's second sermon in the book of Acts. God's divine presence is made manifest in His word. Peter's second sermon echoes Isaiah's prophecy as to the redeeming presence of the Love of Jesus. These two



passages addressed the issue of people being faithful to the covenant even though they will be persecuted. They should continue to have hope in Jesus because he is their savior.

The third biblical reference which supported the Ministry of Presence model and the Volunteer Training Program was Psalm 16:11. It reads, "Thou wilt show me the path of life. In thy presence is fullness of joy; at thy right hand there are pleasures evermore" (Psalm 16:11 KJV). The ministry of Jesus did not consist solely of suffering; the Bible speaks of pleasures and joys. We, as ministers, should not paint a bleak or painful picture of our relationship with the Lord, but we should be willing to share some of our joys with the people we serve. In his presence is fullness of joy; therefore, the Volunteer Training Program should empower those being trained to share their joyful spirit with those who are suffering.

In the New Testament, God demonstrates his love toward us by giving us his Son. John 3:16 says, "For God so loved the world that he gave his only begotten son that whosoever believeth in him shall not perish but have everlasting life" (John 3:16 KJV). In this passage of scripture, God is demonstrating his love for humankind by sending his Son, Jesus to die a physical death for us to save us from our sinful condition. This passage of scripture can provide hope for patients who feel helpless.

The hope of life beyond this life with Jesus can be a message of encouragement. God's love has a redeeming quality, which has been modeled through his son Jesus.

The participants in the Volunteer Training Program were encouraged to convey redemptive love as they minister to their patients. One of the participants in the Volunteer Training Program shared an encounter during a pastoral small group session. The participant felt led to read scripture and share the plan of salvation with one of their patients. The group affirmed the participant in using scripture and sharing one's faith. The supervisor along with the other participants challenged the participant to explore other issues involved with the interaction with the patient.

Another example of God's love demonstrated in his loving power and presence, which is found in the book of Matthew 20: 28-34. Jesus said that he came not to be ministered unto, but to minister, and to give his life as a ransom for many. Then Jesus acts out of his compassion and restores the sight of the two blind who were sitting on the side of the road begging for mercy. The cry for help may not be so obvious in a hospital setting, but chaplains are trained to seek out those individuals who are in need of pastoral visit.

We know of God's loving compassion exemplified in his son Jesus' presence is found in Mark 5. In this chapter we

see where Jesus exorcised the demons out of a crazy man possessed by devils. This man was suffering from the evil spirits that possessed his body. Jesus acted out of his loving compassion to relieve the man of his suffering. The ministry of presence by the participants in the Volunteer Training Program should allow chaplains, laity and spouses to respond to patients who are suffering. In reality, it may not be so drastic as casting out demons, but it could be as simple as spending quality time visiting with a patient who just found out that they will have open heart surgery tomorrow. It may be reading scriptures to patients who are not able to verbally respond due to throat surgery or a tube in their mouth preventing them to speak. The participants can allow their ministry of presence act as a healing agent to assist in relieving a patient's suffering during a crisis.

The participants in the Volunteer Training Program were trained to exemplify the pleasures and joys in their own lives as they share with their patients. The participants were free to share their own stories of triumph and victories with the patients to give them encouragement.

The Volunteer Training Program was directly linked to the Ministry of Presence model. A Ministry of Presence was critically needed and essential to the effectiveness of the Volunteer Training Program's success. Ministry cannot take

place, if the volunteers do not physically visit the patients and provide them pastoral care.

A Ministry of Presence was being physically, socially, emotionally, and spiritually available to patients and staff care providers. Another important aspect of "A Ministry of Presence" is accessibility. Accessibility is the ability to get in touch with, to see, to feel, to contact, to reach in case of emergency. Availability and accessibility are two important factors in regards to the writer's Model of Presence.

### **Operational Literature**

#### **Pastoral Counseling**

The Volunteer Training Program also introduced a variety of counseling techniques to assist the participants in their training to find a style of counseling conducive to their personality. One of the therapists we introduced to the participants was Carl Rogers.

Carl Rogers felt that the relationship that the therapist creates with the counselor is the heart of person-centered therapy. The therapist should have unconditional positive regard for the client, possess precise empathetic understanding, and be real and genuine in the relationship. All of this was necessary in order to build a relationship based on trust. Once the client's trust the therapist change is bound to occur. The realness,

a warm atmosphere, a confidence in the client's inner abilities on behalf of the therapist, helps the client in establishing a relationship built on trust with the therapist. This aspect of the counseling relationship was critical toward moving in the direction of awareness and hopefully change in the clients behavior. Rogers' also felt that a person would die and not change into a responsible person if trust was not established. Rogers knew that growth would not take place if trust were not established between the therapist and the client.

Rogers' basic assumptions were "that people are essentially trustworthy, that they have a enormous potential for understanding themselves and resolving their own problems without direct intervention on the therapist's part. People are also capable of motivating themselves to grow if they are involved in a relationship with a therapist" (Rogers 1986.)

It is essential for the therapist to create a warm and genuine atmosphere for the client. The client will become trustful when the therapist creates the proper environment. Then, change and growth will take place between the client and the therapist. The attitude of the therapist can also play a major role in the behavior of the client. The therapist can inspire growth within the client by using himself or herself as an instrument of change. If the

therapist is not genuine, caring, and understanding with the client, the theories, knowledge, and techniques will not be effective.

The two techniques used most often in the person-centered approach are active listening and reflection. Clarification and acceptance were Rogers' main techniques in counseling.

The Volunteer Training Program was not designed to do any long term counseling, but we felt that introducing the participants to a theorist like Carl Rogers would broaden their understanding in the Pastoral Counseling field. We also wanted them to discover the importance of making an emotional connection with the patient and possibly establishing a trustful relationship.

### **Pastoral Care**

Pastoral care is the essence of hospital chaplaincy at Martin Army Community Hospital and throughout the medical command. Pastoral care is described as "bringing a presence of God to the patient," i.e., the patient experiences God's presence through one of God's representatives. Lawrence Holst describes "pastoral care" by defining both words. "Care" is seeking the best interest of another. Care is "pastoral" when its power and focus are seen beyond self, beyond human" (Holst 1990, vii.) This is an indication that there is a divine element to what we do as chaplains in

providing care to those in need. The Volunteer Training Program centered on the idea of giving people a vivid hope of the presence of God. Chaplains (and volunteer chaplains) demonstrate God's care and love as they visit patients on a daily and weekly basis. The Volunteer Training Program hinges on the thoughts of Dr. Edward P. Wimberly's three books: *Prayer in Pastoral Counseling*, *The Use of Scripture in Pastoral Counseling* and *African American Pastoral Care*. Wimberly's techniques were used extensively throughout the Volunteer Training Program. His insights empowered us to tap into God's healing presence which was already at work among us.

During pastoral visit, we prayed with the patients, read scripture to them, we provided religious literature, we offered worship opportunities, we listened to their problems, and the list goes on.

Wimberly in *Prayer in Pastoral Counseling*, clearly demonstrates how spiritual discernment can bring about healing and promote wholeness in relationships and enhance one's faith, (Wimberly 1990, 11). Wimberly is not afraid to speak the obvious when it comes to the effective use of prayer in Christian counseling. His book explains how the pastor and counselor can empower the counselee, individuals, couples, and families to understand their own suffering, pain, and brokenness. He also uses prayer to bring about

healing and wholeness. Wimberly helps us to see where prayer, counseling and spiritual direction are related and pastoral Christian counseling come together in a discernment model (Wimberly 1990, 7.) So many people are hurting and are stuck in coping with their every day problems.

At the very beginning of this first chapter, *Healing Prayers in Pastoral Counseling*, Wimberly states that healing is God's work. He also states that prayer can be a vehicle one can use to come in line with God's healing activity. Next, Wimberly gives us a definition of the discernment model. The discernment model is, "Prayer helps us discern God's healing and wholeness activity so that we can cooperate with this activity." Prayer can aid us as pastors and counselors to understand God's healing and wholeness as it functions on behalf of the counselee in the therapeutic process.

It is important for pastors to get in touch with their own suffering, pain, and brokenness in order to relate to others who are experiencing similar feelings. By doing so it allows a pastor to admit that he or she struggles with the same issues. The pastor's openness can free up the counselee to be willing to share their issues. The pastor's insight that he shares with the counselee can act as God's loving presence exemplified in the care of the pastor's actions. The Holy Spirit can also act as a healing agent to



the counselee's situation and assist the pastor in ministering to the problem.

Wimberly's book can aid chaplains, laity, and spouses to empower people to understand their own suffering, pain, and brokenness. The insights he provides can help us tap into God's healing presence which is already at work among us (Wimberly 1990, 11.)

Wimberly states that prayer can be a vehicle one can use to join God in God's healing activity. Prayer helps us discern God's activity in healing and wholeness so that we can cooperate with this activity. Throughout this Volunteer Training Program, the emphasis needs were put on utilizing the power of prayer to help chaplains, laity, and spouses understand God's healing and wholeness as they function on behalf of the counselee in the therapeutic process (Wimberly 1990, 15.)

We strongly encouraged our participants in the Volunteer Training Program to prayer with the patients on the wards. Wimberly provide a means to connect with the patients by using prayer which can be effective if executed properly.

Some many people that we minister to at Martin Army Community Hospital have a Christian background. These people find themselves stuck emotional and unable to move on from one issue to another. Wimberly empowers pastors and

counselors to rely on God's story to aid them in getting unstuck and moving on to being productive Christians.

Still another important aspect of story telling is how he uses the discernment model of pastoral counseling. Wimberly is gifted in using narrative language to assist Christians in bringing their story in line with God's unfolding story. The Discernment Model and the Christian Story operating in harmony together can empower Christians to heal themselves.

On the other hand, people can also be frustrated when their story blocks them from fully embracing God's story in the bible. It is very important for pastors, counselors, and participants to be prayerful in their counseling approach to bid the aid of the Spirit to effect change at a deeper level in their lives. Our job (calling) is to utilize the discernment model to assist us in helping the counselee or patients see how God's story can overcome their story, which is hindering their healing (Wimberly 1993, 10-12.).

In reading Wimberly's book, *"African American Pastoral Care"* we find that it resonates with the researcher personally and professional. As an African-American minister in the United States Army, he realized that he brought uniqueness to the Army Chaplaincy. He also tried to share this uniqueness to those in a hospital setting and especially to the Volunteer Training Program.

He not only shared the Wimberly books with the participants in the Volunteer Training Program, but he also gives them a little history from an African-American perspective.

The pioneers in the field of assessing Black Theology as it relates to pastoral care are Henry Mitchell and Nicholas Lewter. These two scholars label the stories of Black pastors as Soul Theology. "Soul Theology is defined, according to them, as the core belief system that gives shape to the world." Black pastors and congregations have lived on the stories from their spiritual leaders and members as a means of survival. It is very common in the Black Church to share one's story to aid a person in crisis. Some of these stories are directly or indirectly related to God and the Bible. Yet, these stories are very powerful in nature and empowering to the recipients during their every day struggles in life. Mitchell and Lewter also emphasize the dominant aspects of the faith story that gives purpose and meaning to life.

It is important that we understand something about the background of the patients that are visited on the wards. A great number of the patients are African American who live in the bible belt. Wimberly's book gives us some insights into a rich heritage and how they practice their faith.

Another interesting factor is how pastoral care exists in the Black Church. Pastoral care exists in local congregations in the worship experience of the Black Church. Pastoral care takes place in large and small groups. Small groups are effective for meeting specific needs. These small groups that meet for worship, care about each other and act as a support network. For instance, prayer meetings, bible studies are designed to minister to people's personal needs and hurts.

Still another important aspect of pastoral care and worship is ritual. Ritual draws the person into the faith story. Once a person experiences repetitiveness of worship, it acts as a resource and emotional support system which in essence meets the particular needs of the people involved in a ritualistic worship experience. Pastoral care exists in ritual. Finally, the laity provides a very important ministry in meeting people's needs in worship. Pastors shouldn't overlook the importance of the laity in assisting them in providing pastoral care.

The laity were instrumental in reaching out to patients from a non-professional manner. The model of Ministry Presence" was not limited to clergy. The purpose was to provide quality pastoral care to as many patients as possible. Many patients were receptive to the laity or any individual who was will to demonstrate love and care for

them. Wimberly's theology of ministry has been interwoven into the pastoral fabric of the Volunteer Training Program. "Liberation, healing and wholeness takes place when clergy and laity are willing to listen and discern the patients' story as it relates the God's story, the bible." Wimberly shares eight important reasons why African-American pastors should realize storytelling as a power tool for ministry:

1. Draw upon their own experiences in life and ministry, as well as upon bible stories.
2. Utilize storytelling in the context of caring relationships, to foster personal, interpersonal, and emotional growth.
3. Use stories as a means of enriching people's awareness of God's drama unfolding in their lives, despite suffering.
4. Link persons with the unfolding of God's drama in ways that bring healing, sustaining, guidance, and reconciliation.
5. Enable parishioners to develop a language that helps them discern God's work in their lives.
6. Use the resources of the church and the narratives that undergird them to attend to the needs of individuals, families, and small groups. This includes worship and ritual.

7. Use stories in the art of counseling to make points, suggest solutions, facilitate cooperation, increase self-awareness, and discover resources for counseling.
8. Use conflict-free and anxiety-free narratives to help people grow emotionally and interpersonally (Wimberly 1991, 20-21.)

Wimberly's theology of ministry has been adopted into the Volunteer Training Program. God's story should be proclaimed and understood in order to bring about liberation, healing, and wholeness. He cautions clergy not to hinder the counselees from sharing their theological insights during prayer sessions because it would disrupt the therapeutic process (Wimberly 1991, 15.) The mission of Black Church is fourfold: 1) The total life of the local church is shaped in light of God's unfolding story, 2) Worship is shaped by God's unfolding story, 3) Care and nurture result from faithfulness to God's vision revealed within the community and 4) Community outreach also is a response to being drawn into God's story.

In chapter two of Wimberly's book, the author found to be critical to the Volunteer Training Program because it helped the participants understand how pastoral care is administered as a support system from an African-American perspective.

Death can be disruptive. The death of a loved one can disrupt the existing narrative in a person's life. A pastor from the continent of Africa shows how a support network and resources of the church can aid people and minister to their needs during the loss of a loved one. Now, it is critical that the black church connect the bereaved family with God's unfolding story. God's unfolding drama will focus the family and sustain them as well.

Grieving is normal. There are three phases of grief that are evident during the loss of a loved one. First, the people grieving miss the lost loved ones and express anger toward them for leaving. Second, the people grieving accept the reality that emotional acts will not bring their loved ones back to life. The third and final stage is the reorganization period in which new relationships begin; there is a revising and editing of the old story or the start of a new story without the deceased.

It is also interesting how Linderman highlights the various components of the grief syndrome. There are certain things that show up in people as they experience the suffering of a loss. They are body distress, guilt, hostile reactions, and loss of patterns of conduct. These are noted as neutral symptoms that occur while people are grieving. Wimberly states that "the narrative approach has been proven to be successful work for mid-lifers who are trying to

rediscover faith stories on which they were raised" (Wimberly 1991, 63.) The chaplain must empower the mid-lifer retell his or her story and discern how the stories are shaping their lives. Pastors, chaplains and participants should be sensitive to these various dynamics existing with families in order to provide effective pastoral care.

Finally, the Volunteer Training Program ministers to all ages. It is important that we understand how to provide adequate ministry to different age groups. Chapter three of Wimberly's book, *African American Pastoral Care*, addresses these issues.

Wimberly focuses on the various life transitions that people experience throughout their lifetime. From birth to older adulthood, we all experience changes and face obstacles in which we need pastoral assistance, care, and understanding to aid in and through life's ordinary struggles. Wimberly lifts up important ingredients that pastors and care givers can utilize as resources in helping people in life crises. He also states that black pastors and laity can rely on their own story or share God's. The narrative approach can be very empowering as people face difficulties journeying through their own life crises.

Wimberly suggests four effective ways in successfully handling life crises. These four ways are facing the



problem head on, working on the various emotional and social tasks presented by the problem, coming to some understanding of what one is experiencing, and talking with caring others about the situation. Stories can also be used to assist individuals in resolving the crisis.

The third book by Wimberly, *Using Scripture in Pastoral Counseling*, was also a powerful source of information utilized in the Volunteer Training Program. Using scripture challenges and transforms unhealthy dominant stories that people bring to the counseling sessions. A person can bring order, meaning, and purpose to one's life by using scripture properly.

The participant needs to create a balance between God's story and his or her story. The counselee needs to see that the bible's story is actually being applied to the life and witness of the participant or counselor. The participant can empower the counselee to change his or her behavior in a healthy and productive manner.

Wimberly's book identifies people who have a biblically based upbringing that can be empowered presently through scripture to enable them to cope with their everyday struggles. Bibles stories can also aid people who don't have a biblical background if they are willing to open themselves to God's word. Scripture can transform the life of the counselee.

Wimberly has a model for using scripture in pastoral counseling. He defines a model as a design or pattern that is used to guide some activity. He uses seven steps in pastoral counseling with people who have a biblical background in the scriptures. For example, the first vignette is about a counselee of Wimberly's that he called Restin. Restin displayed a destructive behavior with drug abuse.

Wimberly explored Restin's presenting problem by going all the way back to his childhood. Restin was a bed-wetter who was punished severely by his parents. His parents were poor and made him the scapegoat. Restin felt that he was a burden to his family. He had very high expectations that he couldn't reach. He punished himself because he had made nothing of himself. Finally, he looked to his wife to take care of him, but he sold his wedding ring to buy cocaine.

Wimberly utilized this model to follow the seven steps to help Restin with his presenting problem with drug abuse. One of the things that writer felt that Wimberly focused on was Restin's upbringing, being raised in a God fearing home. Throughout the counseling sessions Restin identified easily with Bible stories.

Chapter two of Wimberly's book, *Personal Mythology and Bible Stories*, looks further into methods of providing pastoral counseling. Pastoral counseling empowered Restin

to adopt a new personal mythology of himself and learn new biblical stories to help him change his life. Restin had a good biblical foundation. He had some problems embracing God's unfolding drama in its totality. Wimberly was able to steer Restin in the right direction by patiently and prayerfully attending to the presenting problem and exploring the other six stages.

Wimberly did a variety of things in pastoral counseling to empower Restin to re-author his personal mythology which was dominating his life. Restin's biblical foundation was weaker than his personal mythology. He was able to resonate with the Gerasene story because of the demoniac influences in his life which made him feel powerless, helpless, and trapped. Wimberly did a genealogy (a family portrait) and went back three generations to understand the depth of his personal mythology. He also mapped out his negative and destructive behavior which paralleled the Gerasene story.

Wimberly sought God's guidance for direction and assistance to empower Restin to change his personal mythology. A prayer service was established, followed by Restin going into the hospital for drug treatment. After a four week stay in the hospital he came back to pastoral counseling to work on his personal myth. At this point in the pastoral counseling stage Restin was to re-author his personal myth.

Restin embraced the Gerasene story due to the deep tragic flaw and defect in his life. Restin believed that no one could love him, not even God. Wimberly initiated the role-taking theory to assist Restin in identifying his role with the Gerasene demoniac. Restin's personal mythology prevented role-taking with God's role. Prayer, along with drug treatment and follow-up in a twelve step program, empowered Restin holistically in being delivered from his drug addiction. Wimberly calls this an holistic approach to healing for Restin, due to prayer and a process view of deliverance.

Restin also began to re-author his personal mythology when approached by a white nineteen-year-old son of his boss. He rejected his boss's son because he blamed white people for his drug abuse problem. The boss's son, according to Wimberly, was sent as a blessing from God to complete his healing. Restin identified with the Jonah story. Wimberly continued to revise and re-author Restin's understanding of the Jonah story due to the negative personal mythology that did not obtain a complete victory. Yet, Restin had a lifelong task of working on changing his personal mythology.

The Volunteer Training Program at Martin Army Community Hospital has taken full advantage of Wimberly's pastoral counseling techniques. The use of bible stories are re-

emerging in pastoral counseling circles as an authoritative document. Pastors and lay persons needed to learn ways to facilitate growth in regards to the spiritual health of their patients. Wimberly has clearly given us ways to utilize the Bible in pastoral counseling. Similar efforts are being implemented in Christian education and homiletics.

An extensive amount of Wimberly's resources have been the heart of the Volunteer Training Program at Martin Army Community Hospital. We still encourage our training participants to seek other experts in the field of pastoral counseling if they feel that Wimberly's pastoral counseling methods are not applicable to them.

### **Empirical Literature**

Professor Stephen Rasor of the Interdenominational Theological Center had the students in his Doctor of Ministry Core Seminar to conduct a social analysis at their particular setting. The author's setting was at the Martin Army Community Hospital at Fort Benning, Georgia.

We want you to execute a beginning social analysis of the community in which your ministry setting resides. With a small group of persons in your ministry setting, address the questions listed below. Record the group's response to the questions and bring a typed summary of the discussion to our first seminar meeting.

Below are the questions in the social analysis:

1. What are people experiencing, positively and negatively, in our community today?
2. What significant changes have occurred in the past twenty years in the community?
3. What economic factors have influenced our community?  
How so?
4. Who makes the most important decisions in our community?  
Why?
5. What are the most important relationships people have here? Why?
6. What are the most important cultural traditions of the people in our community? Why?
7. What do people want most in life? Why?
8. What will things be like in ten years if they keep going the same way? Why?
9. What are the root causes of the way things are in our community? Why?
10. What did we learn from this discussion? How might our conclusions inform our execution of ministry in our particular ministry setting?

(Adapted from Joe Holland and Peter Henriot *Social Analysis*, Maryknoll, New York: Orbis Books, 1983.)

According to George R. Hunsberger, in *The Church between Gospel and Culture*, the church must break out of its traditional role of sharing the Gospel and adopt a new means

of missionizing the gospel. People must develop a different way of sharing the gospel "New Means." In the present culture, people are waiting for the church to come to them and relate the gospel to their current situation and lifestyle. God is present in the everyday life of God's people, whether that life is in the congregation or hospital. Hospital ministry must address real issues in the lives of persons in the concerning the military in order to bring about change and also to minister to people in need.

In a *Gathering of Strangers*, Robert C. Worley provided persons in a given congregation with a tool that enabled them to see better what is going on in the life of the church. Worley says that it is an instrument not only to see what is, but to say what is. The Volunteer Training Program does act as a tool to help people actualize ministry and perform ministry. Worley further states, "The commitment to create something better, or to affirm what is, hinges on accurately seeing what is and creating a vision of what might be" (Worley 1982.) The Volunteer Training Program has been established to make hospital ministry better for the patients, staff and the hospital ministry team.

The Volunteer Training Program does transform hospital ministry into a more in depth ministry. This ministry goes beyond the surface of providing coverage and responding to crisis, and became a ministry of intentionality. The

Volunteer Training Program has liberated hospital chaplains from the bondage of meetings and extra duties and empower them to empower others to conduct ministry.



### CHAPTER III

#### PREVIOUS EFFORTS TO ADDRESS THE ISSUE

##### Normative Data

The normative data that supported the Volunteer Training Program originated from various disciplines. These disciplines included the theological, historical, and ethnic studies which undergirded the entire program. The driving force behind the Volunteer Training Program hinged on the how these various disciplines gave meaning and purpose to the project.

##### Theological Component

Theology is the study and understanding of God. The Volunteer Training Program's theology is based on the idea of a Ministry of Presence actively demonstrated by chaplains, laity and spouses in a hospital setting. There are several theologians who support the idea of a ministry of presence.

A theologian whose views support the Ministry of Presence model is H. Richard Niebuhr. Niebuhr, in his book, *The Purpose of the Church and its Ministry*, says, "Entering the ministry is more like entering the Army, where one never knows where he will be called upon to perform" (Niebuhr

1956, 51). In other words, the minister needs to be flexible. An army chaplain can be deployed at a moments notice to anywhere in the world to conduct and perform ministry. It is critical for army chaplains to train and practice their ministerial skills in order to effective in ministry in a foreign environment.

Niebuhr states what and how ministers practice ministry in a military setting. According to Niebuhr, the pastoral director, "carries on all the traditional functions of the ministry - preaching, leading the worshipping community, administering the sacraments, caring for souls, and presiding over the church" (Niebuhr 1956, 82). The Volunteer Training Program trained chaplains, laity, and military spouses to develop a sensitivity to these areas of ministry. The Volunteer Training Program also became a vehicle for those being trained to conduct a variety of ministerial functions.

The participants took an active role in worship, preaching, and administering the sacraments to the patients in the wards. For instance, there is a chapel in the basement of the Martin Army Community Hospital where participants utilized to exercise their liturgical skills. Participants were included in the preaching schedule and dialogue sessions that followed the worship service to give them feedback and supervision. Opportunities for

participants to administer the Lord's Supper, or to perform baptism on patients was a part of the training experience. Supervisors continue to challenge the trainees to share the personal encounters with their patients in the personal group sessions and during the individual meeting with their supervisors. The Volunteer Training Program provided ample opportunities for participants to conduct, perform, and experience ministry first hand.

The views of another theologian, Jurgen Moltmann, also support the Ministry of Presence model. In his book, *The Church in the Power of the Spirit*, Moltmann, says, "The being of the church is described through the activities of Christ, who chooses, gathers, protects and upholds" (Moltmann 1977, 69.) Moltmann is not just describing the church; he is talking about us as ministers and people of God. The author is saying that the institution, chaplains and laity, should reflect the spirit of God as we minister to the patients. The Volunteer Training Program must, therefore, embody the spirit of God. This ongoing activity that is rooted in the spirit of God must be transcended to the patients and felt throughout the hospital. Each individual brought to the Volunteer Training Program her or his faith, which will be magnified to the patients and the staff.

For instance, the Department of Ministry and Pastoral Care trains participants to share with the patient their particular faith and beliefs through creative means. One chaplain started a "Pizza Ministry" which brought many patients and staff care providers together. Everyone enjoyed the fellowship and food, which enhanced the morale of patients, and staff care providers. The "Pizza Ministry" created a cohesive working staff among the staff care providers, it allowed patients to dialogue and establish relationships with other patients, and revalidated the importance of the chaplain's ministry.

Still another chaplain sponsored a variety of worship services to meet patients and staff care providers spiritual needs. This approach to ministry was very direct, but very effective. One of the chaplains formed a choir with hospital workers and patients. Several patients on the psychiatric ward participated in the worship services. People throughout the hospital were allowed to use their musical talents creatively in the worship service, which proved to be very inspiring and heart warming.

God, according to Moltmann, is always and forever present with us. God is the God of history and the God of the *eschaton* (future). We as ministers, preachers, and chaplains are participants in this ongoing activity of God exemplified through the works of Christ in the power of the

spirit. We are acting as agents of God who are physically carrying on the ministry of God as we care for patients in a hospital setting. We carry out this ongoing activity of God as we communicate the God's love to patients who are experiencing a crisis in their life.

The Volunteer Training Program empowered the participants to be creative in their approach to ministry in a hospital environment. A chaplain in the first training session thought it to be a very powerful act of love to be with the patient's family throughout the entire grief process once a family was notified of their family members death. The chaplain would be with the family from the time the doctor notifies the family until the family actually exits the hospital. The writer understands when Moltmann says that the participants in the Volunteer Training Program are displaying the works of Christ through ongoing activity of ministry.

According to Moltmann, the New Testament offers three different groups of assurances of the presence of Christ:

(a) By virtue of his identifying assurance, Christ is present in the apostolate, in the

sacraments, and in the fellowship of the brethren.

(b) By virtue of his identifying assurance, Christ is present in the least of the brethren.

(c) By virtue of his assurance, Christ is present, as his own self in his "parousia" (Moltmann 1977, 123.)

Moltmann asserts that if we omit any one of these promises of Christ's presence, then its truth will be obscured. The Volunteer Training Program has emotionally, physically, and spiritually assured the patients and staff care provider that Christ's presence is real. Their presence is a living testimony and witness as they share themselves creatively in ministry with the patients and hospital staff.

Johann Baptist Metz also supports the Ministry of Presence model. In his book, *The Emergent Church*, Metz vividly describes his use of a "bourgeois religion" (Metz 1982, ix.) "The very presence of God's love can liberate or convert a middle class religion, civil religion, industrial and the suburban captivity of churches" (Metz 1982, ix.) The presence of God's love, according to Metz, cuts across the meaning of having a purpose of existence. "Those who possess their life will lose it, and those who despise it will win it" (Metz 1982, 2.) Metz further states that the biblical name for this type of love (form of disruption) is called "conversion," change of heart, melanoia (Metz 1982, 2.)

The presence of God's love is universal. This love of God can be the basis for an emergent church or a new, upcoming people of God. The Volunteer Training Program can be viewed as an "emergent church," i.e., people who are

actively demonstrating the love of God to those who are suffering and in crisis. The training was designed to increase the physical presence of chaplains, laity, and spouses to provide love and care to the patients and staffs care providers at Martin Army Community Hospital. God's love is demonstrated by the daily visits of participants on the wards with patients who are suffering.

Hospital ministry is a setting in which chaplains, laity, and people in general have an opportunity to engage in ministry. The Volunteer Training Program acted only as a vehicle to position people in an environment where God's love can be exemplified through them to others. These "others" to whom the writer refers to are those who are sick, wounded or dying. God's love can actively take on a human presence in ministry through this Volunteer Training Program to assure the people that care is available to them.

### **Historical Component**

Is there any historical background information on volunteer training programs in military hospitals? Although there was no specific information on military hospital ministry, there was quite a bit of information in the ATLA Religion Database on hospital chaplaincy. However, the author did find that, Herbert W. Ainsley conducted a study of hospital chaplaincy. The study presented an historical and theological overview of chaplaincy and its role in

pastoral care ministry. Valuable information was gathered from Ainsley's study, which examined the specifics of varying hospital organizations, the chaplain's work and qualifications, and the diversity of patients and illnesses encountered. It also considered the training and pastoral role of clergy and laity in various facets of hospital ministry. The study, which focused on the training of volunteers and various chaplains, concluded that hospital chaplaincy is a very essential part of Christian ministry.

Further research into the ATLA Religion Database revealed that James E. Lamkin conducted research on clinical pastoral education. Lamkin developed a course in clinical pastoral education for Louisiana College students interning at Rapids General Hospital. His thesis was that a college course clinical pastoral ministry could and should be taught at a general hospital. This course prompted growth on both a personal and professional level. Some of the teaching methods utilized were patient visitation, group supervision, didactic seminars, and ministry reporting. These methods of teaching were adapted for use in the Volunteer Training Program at Martin Army Community Hospital. These teaching methods can expand the knowledge and experience of those being trained, and thus enhance the quality of the training.

One of the references that the Volunteer Training Program relied upon was a book on Hospital Ministry by



Lawrence E. Holst. Holst's book focuses on *The Role of The Chaplain Today*. His book highlights the importance of the chaplain's presence with a suffering patient. He further states that, "the chaplain's role is not to explain, cure or eliminate disease. The chaplain's role according to Holst is not to change the patient's suffering. Holst's book definitely supports concept of a ministry of presence. A ministry of presence empowers the chaplain holistically identify with and share with the suffering patient" (Holst 1990, 25.)

Still another reference for the Volunteer Training Program was David K. Switzer's book, *Pastoral Care Emergencies*. Switzer dealt with ministering to people in crisis. His book inspires the Volunteer Training Program participants to take seriously how people (patients, staff care workers, and family members) respond to an unexpected situation. An emergency needs to be explored by the participant involved in the crisis. Switzer gave tremendous insights into how the participants, patients, staff care workers, and families handle crisis from the aspect of emergencies in a hospital setting (Switzer 1989, 3-4.)

Another important reference that the Volunteer Training Program utilized in training the participants, was William V. Arnold's book, *Introduction to Pastoral Care*. For instance, Arnold shares several theological resources for

times of caring: repentance, forgiveness, confession, acceptance and prayer. According to Arnold, "repentance is an open confession that we are limited creatures with a tendency to distort our limitations to our self-interests. It is only when we have an opportunity to admit to the mistakes, the occasions of falling short, also known as sin, that we have the opportunity to realize what more we can be" (Arnold 1982, 51.) Arnold's book is an introduction to pastoral care. The book informed, and empowered the chaplains through an action reflection type model for them when they engaged and encountered patients. This resource is the foundation for anyone involved in Hospital Ministry

Pastoral care is an action reflection type ministry. Chaplains engage the patient and reflect individually and collectively over the visit. Some of the chaplains needed to wrestle with her/his own pastoral identity and evaluate their own style of ministry. Arnold's book also deals with principles that give integrity to pastoral care. The resource was critical to participants at the very beginning of their training in the Volunteer Training Program.

David A. Steerie's book, *The Supervision of Pastoral Care*, was essential to the overall process. Chaplains were/are challenged from all angles especially their relationship with the patient. The interaction with the patient has to be recorded under supervision with evaluation

and criticism. The two important issues surrounding supervision were the personal growth of the participant and the development of the professional skills. The Volunteer Training Program relies on this resource for supervisory information to assist with the training.

Wimberly's two books, *African American - Pastoral Care* and *Using Scripture in Pastoral Care*, we learned that Wimberly places emphasis on the uniqueness of the black experience as it relates to pastoral care. He focused on how the black church uses storytelling as a style of pastoral care and counseling. The pastor uses his own life story to help people with their own personal crisis.

Using scripture in pastoral counseling is another effective resource that the Volunteer Training Program uses to train participants. Wimberly proposes that some people have a church background or upbringing. The pastor can use scripture to empower people to change their situation.

Finally, Dennis Saylor's book, *A Guide to Hospital Calling*, was another resource offered as a tool for participants in training. Since the Volunteer Training Program also allowed laity and military spouses to participate in the training, resources were needed to address how lay persons interact with patients. Saylor place emphasis on combining intellectual understanding of methods of visiting people with the practical. He also

addresses the principles of hospital visitation and the general/specific patient visitation. Saylor also states, "the basic prerequisite for a successful visit is genuine concern for the patient. The patient must sense a realness from the chaplain in order for ministry to occur: (Saylor 1983, 18.)

These are some of the major resources that the Volunteer Training Program used to offer the participants in training. The objective here was to introduce some of our references and resources for our Volunteer Training Program.

#### **Ethical Component**

Another important aspect of the chaplain's ministry in a hospital setting is ethics. The chaplain is advisor to the Hospital Commander on matters pertaining to morals and morale, as well as the social and spiritual climate among command and hospital personnel. According to Field Manual 16-1, *Religious Support Doctrine: The Chaplain and Chaplain Assistant*, the Chaplain is responsible for conducting training in the areas just mentioned. The chaplain is also to set the example in the unit for everyone to emulate.

The behavior of soldiers and personnel in the hospital can be either good or bad. The chaplain's job is to assist the Hospital Commander in maintaining good behavior and providing counseling and offering suggestions to correct bad behavior. There are several risks involved on the

chaplain's part. The chaplain can lose credibility with the soldiers and personnel in the hospital if he/she breaks confidentiality, and misinforms the command.

The chaplain's personal behavior should be above reproach. Chaplains are supposed to have high ethical and moral standards. For instance, throughout the military the chain of command expects the chaplain to set the moral code for the unit.

### **Social Contextual Component**

There was a social and spiritual element in the necessity for this Volunteer Training Program. According to Charles McCollough in his book, *Morality of Power*, ministers should be about creating preventive solutions for those who are oppressed. We should be about healing the sick, feeding the hungry, and liberating those who are in bondage (McCollough 1979, 65.) It is a sad situation when a person enters the hospital - regardless of the crisis or family support system - and does not receive a visit from the Department of Ministry and Pastoral Care because its staff are attending a meeting or involved in some type of non-ministerial duties. The Department of Ministry and Pastoral Care is in bondage. The department is trapped in a vicious circle of pleasing too many bosses. The department needed to be set free by empowering others to assist us in

providing quality ministry to those in need. The Volunteer Training Program helped alleviate this problem.

McCollough also highlights the importance of the learning process. He says that "to really know something is to feel it, think it, act on it and sense its value" (McCollough 1979, 11.) In order for the Volunteer Training Program to be effective all the senses must be utilized. The chaplains and staff conducting the training must see the importance of it and not merely go through the motions. The chaplains, laity, and spouses who participated in this training program understand its importance because they are willing to experience and share in the patient's suffering.

This Volunteer Training Program had never been implemented in a military hospital setting, but there was a need for its existence. Patients were suffering and in need of pastoral care from the Department of Pastoral Care and Ministry.

A social analysis was conducted in our department at the Martin Army Community Hospital with several members of the hospital staff: one military doctor, one nurse, two civilian workers, maintenance worker, a sergeant, and our ministry staff. Some interesting results surfaced during our meeting together. This small group of individuals echoed the sentiment of the majority of those who actually work in the hospital. Two of their primary concerns were quality of

life for employees within the hospital and personnel shortages based on the military drawdown of forces. This group was concerned about meat and potato issues. The session was insightful and helpful. The results of this social analysis was shared with the researcher's classmates at school, and with the Commander and staff at Martin Army Community Hospital.

Since the inception of the Volunteer Training Program more chaplains, laity and military spouses are visiting patients and staff care providers. Positive feedback from the hospital staff and patients sending notes of praise to the Hospital Commander validated the importance of the Volunteer Training Program.

### **Psychological Component**

According to Henri J. M. Nouwen, in *The Wounded Healer*, the spiritual and psychological are linked together in regards to providing hope to those who are suffering and in need of support. Nouwen says that a soldier can prevent mental and physical disintegration when he knows that someone will be waiting. He further states that when the suffering person knows that no one is waiting, the chance for survival is fatal (Nouwen 1979, 67.) The Volunteer Training Program was designed to empower these chaplains, laity, and military spouses to be there "waiting" for

patients in the hospital. In this sense, the Volunteer Training Program was viewed as a beacon of hope.

Clyde M. Narramore's book, *The Psychology of Counseling*, was another important resource the Volunteer Training Program utilized. Narramore's book was not a current resource in regards to various concepts and technologies of counseling, but it does address special areas of counseling. These special areas of counseling are counseling with Teenagers, Basic Guides in Marriage Counseling, Problem of Sex, and the Mentally and Emotionally Ill. The Department of Ministry and Pastoral Care conferred and agreed to use as many resources as possible to prepare and train and all participants in the Volunteer Training Program.

A participant in training related an incident with the death of an eighteen-year old male patient soldier. The family was native Alaskan, who were Moravian Christians.

The family wanted their son to die naturally off the life-support system. The young man had died from drinking too much water. The military wanted to conduct an autopsy, but the family did not want the body of their son to be desecrated.

The participant in training relied upon the experience of the chaplain supervisor and other senior chaplains on the installation at Fort Benning, Georgia. The participant also connected well with the family and spent a lot of time



sharing the grief with the family. This not only helped the family, it also helped the hospital staff deal with their grief.

### **Homiletics Component**

Still another important aspect of the Volunteer Training Program was worship. Preaching is a vital part of the ongoing ministry at Martin Army Community Hospital. The Volunteer Training Program trained chaplains and laity to conduct worship services in a hospital environment.

Prior to the establishment of the Volunteer Training Program, worship at Martin Army Community Hospital was practically non-existent. As Chief of the Department of Ministry and Pastoral Care, the author personally inspired our Ministry Team by challenging our staff and participants in the Volunteer Training Program to be more intentional in their preaching. Worship attendance was very low and no one made a serious effort to do anything about it.

New emphasis was placed on preaching quality sermons that were relevant to a hospital environment. The researcher personally preached a series of different sermons to spark some excitement within the staff and participants in the Volunteer Training Program. The results were very positive. More people started attending, offerings increased, and the morale of the hospital was much better.

The author shared some of the sermons that he preached at Martin Army Community Hospital. He purchased a book of sermons by Russell E. Spray entitled, "Sermon Outlines for Busy Preachers."

God's Gifts to His People was a sermon topic. The text was Isaiah 41:10, "Fear thou not; for I am with thee: be not dismayed; for I am God: I will strengthen thee; yea, I will help thee; yea, I will uphold thee with thy right hand of my righteousness."

Let us look at some of God's gifts to his people:

#### I. He Gives Serenity

"Fear thou not; for I am with thee," (Isaiah 41:10 KJV.)

A. Many people lack the peace that god wants them to have. They fail to accept His peace by faith.

B. The assurance of God's presence brings peace. He promised, "I am with thee" (Isaiah 41:10 KJV.) Let us believe it. Receive God's peace today (John 14:27 KJV.)

#### II. He Gives Security

"Be not dismayed; for I am God" (Isaiah 41:10 KJV.)

A. Many people seek security by acquiring substantial bank accounts, stocks and bonds, real estate holdings, and cars, but still feel insecure.

B. Security is not in temporal accumulations, but in God who created the heavens and the earth. He said, "I am

thy God" (Isaiah 41:10 KJV.) That's security  
(Philippians 4:19 KJV.)

### III. He Gives Strength

"I will strengthen thee" (Isaiah 41:10 KJV.)

A. Many people fall short because they lack the strength  
to perform the tasks God has given them to do.

B. We must accept by faith and with thanksgiving the  
strength God has promised to give us (Philippians  
4:13 KJV.)

### IV. He Gives Stamina

"Yea, I will help thee" (Isaiah 41:10 KJV.)

A. Stamina means: "Staying Power, Endurance" - Webster.

B. God did not promise to do everything for us, but he  
did promise to help us through hardships. We must  
rely on his Word and believe that He is helping us now  
(Isaiah 41:13 KJV.)

### V. He Gives Stability

"Yea, I will uphold thee with thy right hand of my  
righteousness" (Isaiah 41:10 KJV.)

A. Many people are weak and unstable. They rely on their  
own strength.

B. Stability comes from God. He has promised to "uphold  
thee with the right hand of His righteousness" (Isaiah  
41:10 KJV.) We need to keep praying, trusting, and

obeying, God will do the rest. He is our great stabilizing force.

Words are very comforting and can act as healing agents when spoken in the right manner to patients experiencing a crisis or suffering through a hard ordeal. The Hospital Commander, Colonel Everett Newcomb gave the writer book when he first arrived at Martin Army Community Hospital. He gave the writer a book by Larry Dorsey, M.D., entitled *Healing Words*. We have also incorporated this book as one of the primary reading sources in the Volunteer Training Program.

Dr. Dorsey believed in the power of prayer and the practice of medicine.

One of the sermons preached at Martin Army Community Hospital dealt with "*Healing Words*". The sermon's topic was Words That Are Needed Today. "A word kind spoken is like apples of gold and pictures of silver" (Proverbs 25:11 KJV.)

In today's society, careless words are often spoken. Words that are needed today are:

#### I. Words of Cheer

"A merry heart doeth good like a medicine" (Proverbs 17:22 KJV.)

A. Our world is filled with sadness. People take themselves too seriously. Most of the news is about the bad things that happen.

B. Words of cheer are needed. Cheerful words help give a right perspective both to those who give them and to those who receive them.

C. Let us discover the power of words of cheer and use them more generously (Proverbs 15:13 KJV.)

## II. Words of Comfort

"...comfort them which are in any trouble..." (II Corinthians 1:4 KJV.)

A. Violence and wars have brought sorrow and bereavement to the lives of millions. Our world is a place of discouragement and discomfort.

B. Words of comfort are needed. Comforting words eases suffering. Let us comfort someone today.

C. When we comfort others, the Lord comforts us in return. "Who comforteth us in all our tribulation..." (II Corinthians 1:4 KJV.)

## III. Words of Compassion

"having compassion one of another, love as brethren..." (I Peter 3:8 KJV.)

A. Jesus had great compassion on the sick, suffering, and sinful of His day. We must have compassion on others too. (Matthew 9:36 KJV.)

B. Compassion must come from the heart. It must reveal a sincere concern and understanding for the hurts and needs of others.

C. Words of compassion are needed. Let us speak them with a caring heart. (I Peter 3:8 KJV.)

#### IV. Words of Love

"And be ye kind one to another, tender hearted, forgiving one another..." (Ephesians 4:32 KJV.)

A. Words of hatred and strife are very common in today's society. Words of love are needed.

B. The scriptures admonish us to "be kindly affectioned one to another with brotherly love" (Romans 12:10 KJV.)

Still another book that is a primary source for all participants in the Volunteer Training Program was Henry Nouwren's book, *The Wounded Healer*. Nourwen tells us of the importance of someone waiting and being there to inspire hope and to a person encouragement to hang on. The author preached a message at Martin Army Community Hospital to address the issue of hope.

The sermon's topic was Waiting On The Lord. "Wait on the Lord: be of good courage, and he shall strengthen thine heart: wait, I say on the Lord" (Psalms 27:14 KJV.)

#### I. Be Patient While Waiting

"Wait on the Lord" (Psalms 27:14 KJV.)

A. So many people are impatient. They want things right now. If we do not get what we want, when we want it, we blame God.

B. We need to be patient while we wait on God. God's time is not our time. (Luke 21:19 KJV.)

## II. Be Positive While Waiting

"Be of good courage..." (Psalms 27:14 KJV.)

A. Waiting can be frustrating (Philippians 4:8 KJV.)

B. Be positive while waiting on the Lord. God knows what is best for us.

## III. Be Productive While Waiting

"...and he shall strengthen thine heart." (Psalms 27:14 KJV)

A. Be productive while you wait.

B. God provides strength in the midst of our waiting (Isaiah 40:31 KJV.)

## IV. Be Persistent in Waiting

"Wait, I say, on the Lord" (Psalms 27:14 KJV.)

A. The Psalmist encourages us to wait.

B. Do not give up and keep relying on God.

These are some sermons that were preached at Martin Army Community Hospital which were made available to the participants in the training program. The Volunteer Training Program encouraged messages that would inspire hope, faith, comfort, and compassion. The worship services held at Martin Army Community Hospital were very short in length of time. We only had thirty minutes for worship.

Our department places having emphasis on the homily to encourage and strengthen those who attend.

The psychiatric ward sends a lot of patients down to the worship services on a regular basis. We also get some orthopedic and ambulatory patients on a sporadic basis. A lot of staff personnel, military and civilian, attend the worship service frequently. The largest group that regularly attends the worship services are the maintenance people. We believe that everyone can participate in the healing process

The current religious program at Martin Army Community Hospital consists of four unique services. There is, Bible Study, every Tuesday from 12:00-12:30 PM; Collective Protestant Worship Service, which meets on Wednesday from 12:00-12:30PM; Sunday Collective Protestant Worship Service, which meets from 8:00-8:30AM; and finally a Roman Catholic Mass which meets on Sundays from 7:00-7:45PM. A civilian priest provides ministry to Catholics. This is the priest's only ministry at the Fort Benning Installation.

According to William H. Willimon in *Worship as Pastoral Care*, there is a pastoral norm that takes place in worship. In so many words, Willimon is saying that worship - Christian worship - should reflect the people who worship and the person or persons who lead worship (Willimon 1979). The Volunteer Training Program was designed to be a vehicle



to help chaplains and laity develop a sensitivity to people who work in a hospital environment and to the patients who are being treated. The homily, as well as other elements of liturgy, should reflect a sensitivity to those to whom we minister.

Challenging chaplains to preach sermons relevant to the hospital setting presented difficulties with some of the chaplains. A few of the chaplains tried preaching old sermons that they preached in a parish setting and they discovered that the messages were not effective.

#### **Religious Education Component**

Religious education was a vital aspect of the Volunteer Training Program. The Hospital Commander desired that all service units were fully train and instructed their people in order to ensure quality care for all patients. The Volunteer Training Program exposed chaplains, laity, and military spouses to patient visitation, pastoral care, and religious services. In addition, all those that participated in training spent six to eight weeks with the Family Life Chaplain to polish their counseling skills.

The family life center has established a counseling contract with several couples and families. These couples and families came to the family life center once a week, for several weeks, and received counseling by a chaplain in training. They also agreed to be observed by other

chaplains. The family life center has agreed to allow our participants to utilize their facility. The family life chaplain supervisor also met with our participants to discuss the counseling cases being observed.

Trainees will visit the Religious Education Department, which is connected to the Installation's Unit Ministry Team. The Religious Education Department has an abundant supply of books and other literature that will provide a valuable resource for those in training. All participants were encouraged to take full advantage of the materials, literature, and resources at the Religious Education Department.

### **Community Involvement**

Beacon Bible College and El-Shaddai Bible College are located in the Columbus, Georgia Community. These two colleges contacted the Department of Ministry and Pastoral Care at Martin Army Community Hospital to get students enrolled into our Volunteer Training Program. The students desire some experience in hospital ministry. We have informed both colleges that our training program was an introductory program to hospital ministry. Beacon Bible College wanted to get set-up an internship program with their students to get them academic credit.

Community involvement was yet another vital part of the Volunteer Training Program. Both Beacon Bible College and

El-Shaddai Bible College would like to send Bible students to participate in the Volunteer Training Program, once it becomes operational. Both these schools have indicated their interest through telephone calls and a personal visit from the Assistant Dean of Beacon Bible College. In addition, several spouses have expressed an interest in visiting patients on the wards. Interest in the Volunteer Training Program was evident through these persons, and through the Hospital Commander. Vencore Hospice has also expressed an interest in outpatient visitation.

In summary, the Volunteer Training Program did improve the quality of patient care at Martin Army Community Hospital. The hospital's mission was to enhance the health care delivery system by providing a comprehensive religious and pastoral ministry program for patients, family members and staff within this command. The Volunteer Training Program, proved to be an asset to the hospital, to Fort Benning, and to the Columbus, Georgia community.

## CHAPTER IV

### PROJECT PLANS AND OBJECTIVES

The primary purpose of the Volunteer Training Program was to enhance the quality of the health care delivery system at Martin Army Community Hospital. The strategy for this project was to train volunteers to assist the Department of Ministry and Pastoral Care in providing pastoral care to the inpatients and staff care providers at Martin Army Community Hospital.

#### **Objectives for Participants**

The volunteers, chaplains (both active duty and reserve), laity, and military spouses, were required to attend and participate in a quarterly, one-week training program to prepare them for hospital ministry.

Specifically, the objectives are as follows:

- A. All participants' must learn the Mission Statement and Purpose of the Department of Ministry and Pastoral Care.
- B. All participants must be familiar with and have a personal copy of the Standard

Operating Procedures (see Appendix 1) of the Department of Ministry and Pastoral Care (DMPC.)

C. All participants were required to write verbatims or Pastoral Care Reports.

More detailed information will be given regarding these items during the discussion of methods and procedures.

D. All participants wore uniforms to identify themselves as volunteers in training with the DMPC.

E. Participants were required to attend the hospital orientation in order to be familiar with the various departments, safety regulations, and health standards within the hospital.

F. Each participant received a Certificate of Completion signed by the Hospital Commander upon completion of the Volunteer Training Program.

### **Personal Objectives**

The personal plan for the Volunteer Training Program was to introduce and implement it throughout the Medical Command. The author had been in the U. S. Army for more than sixteen years, he was convinced that the Volunteer Training Program would enhance the quality of pastoral care, sensitize chaplains to the importance of hospital ministry,

encourage laity to support and assist military chaplains, and finally, give civilians or active duty spouses the opportunity to actively engage in a worthwhile endeavor. He has witnessed the positive and empowering impact of hospital ministry on many people during his two years at Martin Army Community Hospital, and it was his fervent desire to see this ministry expanded and improved.

Since the inception of the Volunteer Training Program many people have written the hospital and the Hospital Commander with favorable comments. There was a German lady who lost her husband at Martin Army Community Hospital several years ago that was being treated at the hospital. One of our volunteers provided pastoral care to her. She wrote the Hospital Commander explaining how comforting her encounter was with this volunteer. The volunteer lifted her spirits and provided emotional healing to her situation.

Still another empowering impact of the Volunteer Training Program was how spouses of active duty military and retirees find the training and ministry fulfilling. The majority of the volunteers are military spouses. The spouses joined the program mostly to help people who are suffering and in need of assistance. So many have commented on how worthwhile the Volunteer Training Program has been to them as well as the hospital.

Finally, the researcher has witnessed the personal growth and change of individuals who were participants in the Volunteer Training Program. Hospital staff workers have also benefited from our training program. He has grown tremendously in my knowledge and understanding of hospital ministry. Hospital ministry is draining, challenging and empowering.

### **IMPLEMENTATION OF THE PROJECT**

The Volunteer Training Program was adopted by the Hospital Commander, Colonel Everett Newcomb. As head of the Department of Ministry and Pastoral Care, the author briefed Colonel Newcomb on the Volunteer Training Program in the summer of 1997. It was at that point that he decided to focus my Doctor of Ministry project on hospital ministry. During March 1998, the Department of Ministry and Pastoral Care conducted an Officers' Professional Development Training opportunity (see Appendix 2), for the entire Unit Ministry Team at Fort Benning (the Unit Ministry Team consists of all chaplains and chaplain assistants).

The primary focus of the training was on hospital ministry. During this four hour block of instruction, the Department of Ministry and Pastoral Care introduced the Volunteer Training Program. As a result, the Installation

Chaplain supports the implementation of this new training program.

### **Procedures and Methods**

The Department of Ministry and Pastoral Care already has in place Standard Operating Procedures (see Appendix A) that spell out in detail the rules, regulations, and guidelines for persons who desire to participate in ministry. Section VI of the Standard Operating Procedures gives specific guidance to volunteers.

Hospital orientation training was provided to patients, families, and hospital personnel to explain hospital procedures, highlight safety regulations, orientates people to the different wards and departments throughout the hospital. It is critical along with a being a requirement by the hospital for the Martin Army Community Hospital to provide this orientation training monthly because it is informative and educational.

One of the safety tips that the writer felt was important to everyone who utilizes the hospital facilities was hand washing. The Martin Army Community Hospital promotes the importance of hand washing to prevent germs from being spread throughout the hospital. (Ten seconds has been determined to be the standard time for a thorough job of washing your hands) Emphasis was placed on washing your hands after using the bathroom with soap and water. (It is



amazing how so many people fail to wash their hands.) It is also important to wash your hands after visiting each patient. Some participants felt that it was inappropriate to wash their hands in the patient's room. Others wash their hands in the rest room or the utility room on the ward after each visit with the patient to avoid disturbing or disrespecting their patients. Our Volunteer Training Program strongly encouraged our participants to wash their hands after each visit.

Another rule that the Volunteer Training Program emphasized was discussed during the hospital orientation was reading and observing the signs on patients doors. For instance, the doctor or nurse could leave clear instructions for anyone visiting patient A to put on a mask, gloves, garments and shoes. (Warning signs and instructions are posted on doors to protect the patient and family members and hospital staff from the spread of germs). The Volunteer Training Program trained our volunteers to constantly look for caution signs or special instructions on the door of patient's rooms before entering. When a person was doubtful about entering a room they were instructed to check with the nursing staff. The Volunteer Training Program fully supports respecting the rules and regulations established at Martin Army Community Hospital.

Still another important aspect of respecting hospital procedures is confidentiality of the patient's medical condition and records. Our participants were given free access to the process notes of the patients that they visited. We instructed them not to write anything controversial in the process notes. If there was something unusual going on with the patient, they were to discuss it with the doctor or nurse privately or off line.

We required our participants to state in the process notes that the pastoral visit was conducted. If the chaplain prayed, read scripture or shared literature with the patient, please annotate it in the process notes. Anything other than pastoral functions we shared it with the doctor or nursing staff.

Last, but not least the hospital staff gave tours of all the different wards, units, and departments within the Martin Army Community Hospital. Martin Army Community Hospital has a morgue, pharmacy, emergency room, labor unit, chapel, and the list goes on. It is important that everyone (staff, patients, family members, or visitors) take full advantage of this tour to be familiar with what's available at Martin Army Community Hospital.

## Clinical Pastoral Education Requirements

### Learning Contracts:

Each volunteer negotiated with the supervisor, a learning contract with a maximum of four specific learning objectives. The objectives could be measured making them available at each supervisory session. The purpose of the Learning Contract was to assist the volunteer in achieving goals and objectives. For instance, the researcher would share some of his personal goals and objectives with the participants in training. 1) To train six to ten volunteers over a three-month period to understand the basics and execute the principles of Pastoral Care in a hospital environment. 2) To reduce the large number of staff meetings with commanders that create distractions for conducting quality Pastoral Care at Martin Army Community Hospital. 3) To read one book a month outside the required readings to enhance my personal knowledge in the field of medicine and Pastoral Care. 4) To work through my own personal issues with transference and counter-transference by actively visiting patients and submitting a Pastoral Care Report to challenged by the Hospital Ministry Team. These are some examples of some of my goals and objectives for the participants in the Volunteer Training Program.

## **Individual Supervision Hour and Individual Group Hour**

### **(ISH/IGH) :**

Each volunteer met for one hour with their supervisor to discuss goals, objectives, and the overall learning process. The supervisor convened volunteers in small groups for one hour to discuss personal issues, the learning process and patient visitations.

### **Weekly Reflection/Process Notes:**

Weekly reflections are thoughts of how the volunteer visits with the patients. Volunteers were encouraged to share their honest feelings about their interaction with the patients. Each participant in training was required turn in their reflections to their supervisor prior to a scheduled visit. The supervisor would challenge the participant on a one on one basis to promote growth and change.

Process notes focused on the type of ministry the volunteer conducted or performed with patient.

The supervisor used the weekly reflection and process notes of the volunteers to evaluate their learning in the program.

Each volunteer turned in weekly reflection or process notes. These notes were given to the supervisor prior to an individual session at a time indicated by the supervisor.

### **Pastoral Care Reports (PCR) :**

A Pastoral Care Report, or PCR (see Appendix 4), was completed by the volunteer at the end of each day. The purpose of the PCR is to provide information on how each volunteer interacted with the patient and it provided details on how one conducts ministry in a hospital setting.

**Readings:**

Each volunteer will be required to read a minimum of one thousand (1,000) pages during this one week of volunteer training. A bibliography of selected readings will be provided to the volunteers, from which they may choose readings that match their areas of interest and that enhance their training experience. Volunteers can consult with their supervisor regarding specific reading interests not covered in the bibliography.

For instance, we require them to read William V. Arnold's book, *"Introduction to Pastoral Care,"* and Lawrence E. Holst's book, *"Hospital Ministry: The Role of The Chaplain Today."* We encourage the volunteers to read other books like *"The Wounded Healer"* by Henri Norwen, or Wimberly's books on pastoral care and counseling and so on.

**Evaluations:**

An "End-of-Week Evaluation" is required at the end of volunteer training. This will be a written evaluation that will include: 1) a summary of the volunteer's progress toward learning goals; 2) a paragraph describing the

volunteer-peer relationship; and 3) a paragraph describing the volunteer-supervisor relationship.

#### **Didactics Evaluation:**

A form for the evaluation of each didactic seminar will be provided to each volunteer. The volunteers are expected to make a candid evaluation of the helpfulness of both the seminar topic and seminar leader. These forms should be submitted to the head of the Department of Ministry and Pastoral Care.

#### **Other Requirements:**

Requirements other than those specified above were indicated at the beginning of each session by the hospital chaplain. The researcher has collected several instruments that were utilized to evaluate and measure the effectiveness of the Volunteer Training Program. A great portion of materials that were presented were excerpts from the Preamble to the Constitution of the Association for Clinical Pastoral Education, Incorporated. Information has been gathered and modified that assists clergy and non-clergy to receive introductory volunteer training in the field of hospital ministry.

There was a valuable learning experience through pastoral care reports. Russell L. Dicks emphasized the importance of note-writing for the clergy while working as a chaplain in a hospital in Massachusetts. Dr. Richard C.

Cabot, a noted physician, was impressed with Dick's practice of keeping records of his visits with the patients. He simply thought that a great deal of learning can be acquired in recording prayers and conversations with the patient.

As a result of Dick's note-writing, the medical profession now recognizes the value of keeping a record of what takes place in the total treatment of the patient. In other words, what the clergy person does is just as important as what the doctor does. Pastoral care reports and verbatims are used extensively in all clinical pastoral education training.

Sometimes the hospital offers training on various subjects like ethical consultations, new medical procedures, and the "Volunteer Training Program" to encourage our staff and volunteers to take advantage of a training opportunity.

## CHAPTER V

### EVALUATION OF PROJECT DATA

#### Evaluation Tools

Several options for evaluating the effectiveness of the Volunteer Training Program Training Program were at the researcher's disposal, and he decided upon three. These three evaluation tools are be represented by the acronym "SOS," for SUPERVISION, OBSERVATION, AND SPIRITUALITY.

#### Supervision

Individual and group supervision was critical for both clergy and non-clergy persons. Doctors, nurses, and staff members provided input based on their medical understanding of how a patient's health condition or morale had been improved by pastoral visitation. A consultation committee was constructed to measure the success of the Volunteer Training Program.

The Chief and Clinician of the Department of Ministry and Pastoral Care facilitated the primary supervision for the volunteers. We also relied upon other senior chaplains on the Fort Benning installation who are certified in hospital ministry. Senior chaplains are required to have



four to six units of Clinical Pastoral Education training at a hospital. Fully certified supervisors are preferred.

The Family Life Chaplain offered some supervision in counseling techniques at the Family Life Center. The Family Life Center has a two-way mirror to view how chaplains conduct the counseling sessions.

The primary supervisor used the pastoral care reports, weekly reflections and process notes of the participants in training to evaluate their progress,

### **Observation**

The researcher proposed a quarterly, one-week Volunteer Training Program to strengthen the Pastoral Care Ministry at Martin Army Community Hospital. Clergy and non-clergy were observed throughout the week to assess the strengths and weaknesses of the individuals trained. The Chief and Clinician of the Department of Ministry and Pastoral Care, along with a doctor, nurse, staff person, provided verbal and written input as to the effectiveness or ineffectiveness of the ministry conducted.

The primary supervisor observed each participant one to two times weekly which allowed the supervisor to get a clear picture as to how the participant visited patients and/or style of ministry. Pastoral education helped the participant evaluate and understand their own behavior during their individual session(s) with their supervisor.

The group sessions allowed the supervisor and the other participants to provide feedback to the one sharing the report.

The group sessions were challenging and promoted maturity and growth. We were forced to look at ourselves from different point of view. This experience in clinical pastoral care circles was very revealing. The participants sharing the pastoral care report were on the spot and had to explain their actions.

Another important aspect of observation was that of becoming aware of one's own self and limitations while other participants are sharing their report. Observing other participants is another way of looking at one's self.

Still another aspect of observation was being aware of the patient's verbal, non-verbal, and psychological defense mechanisms. Looking for things in the patient's room to understand the patients better. For instance, some patients could have a bible on the table, various literature, a lot of family pictures or the blinds could be closed shut and very dark in the room, all these things said something important about that patient as a person. It was very crucial for the participants to be aware of their surrounding.

### **Spirituality**

How can one capture the spiritual essence of pastoral ministry in a hospital setting? Can spirituality be measured? The founder of clinical pastoral education was Dr. Richard D. Cabot; the Reverend Anton T. Boisen enlarged the theological concept. He, Boisen, saw a need to put the "P" in CPE - Clinical Pastoral Education. A spirituality assessment tool had to be developed in order to define what spirituality is and how clergy and non-clergy can practice or experience it.

Once each quarter the chief of the Department of Ministry and Pastoral Care will coordinate with the chain of command, a one-week Volunteer Training Program for active duty and reserve chaplains, laity, and spouses. The Volunteer Training Program will consist of the following: direct supervision by the Chief of the department and Chaplain Clinician. Doctors, nurses, and staff members at the Martin Army Community Hospital were briefed in advance in regards to the supervisory nature of the Volunteer Training Program. The above individuals also acted as a consultation committee to provide input from a medical perspective as the volunteers participated in training. It was critical for the hospital chaplains to work out an agreement with the command to free military personnel from their normal duties. It was the duty of the individuals

volunteering to sell the program to their respective commands to avoid any problems.

Volunteers will work a half day and will also be on call throughout the day and entire week. It was decided that commanders will "buy off" on a half day for an entire week, with the stipulation that the individual work on the job during the other half. All volunteers received a briefing and orientation by the hospital chaplains and staff. Clergy received a different set of instructions from non-clergy.

### **Participants Spirituality**

How can one capture the essence of pastoral ministry in a hospital setting from the participant's perspective? Can spirituality be measured? When participants are trained in the Volunteer Training Program, they will be required to do Pastoral Care Reports. One of the questions in the Pastoral Care Reports asks the participant to reflect on the spirituality of the visit with the patient.

The participant is challenged to reflect in the Pastoral Care Report on the spiritual and theological aspects of the visit with the patient. For instance, one of the questions asked, "What religious and theological issues and questions are explicit or implicit in this situation?" Another question was, "What thoughts or plans, if any, do you have to deal with this dimension?" Still another question was, "Describe the theological theme appropriate to this person

or situation and how you used this theme to inform your pastoral care?"

Participants are challenged one-on-one in a private session with the chaplain supervisor. The participant is also challenged again by the small group members to wrestle with spiritual issues with one's self, the interaction with the patient or family members, the atmosphere of the room, the relationship with the hospital staff and so on. The key aspect of this part of the training is to challenge the participant to reflect and give serious thought to the spiritual nature of the encounter (visit).

When I think of spirituality, I am reminded of the book, *"Hidden Wholeness"*, by Michael I.N. Dash, Jonathan Jackson, and Stephen C. Rasor. The section that grabbed my attention was Appendix 1, Exercises in a Spirituality of Hidden Wholeness. The section that speaks to directly to the issue of spirituality is labeled Rationale for the exercises.

It was stated that education should not be a preparation for life; it should be life. Then the authors of this book state that one should not prepare for spirituality, one should practice it.

I contend that the participants who have been involved in the Volunteer Training Program were challenged to practice their spirituality. This was new for many of them, but is also forced them to look deeper in themselves and to

go beyond being on the surface with the patient. The objective here with the participant was to engage them and challenge them to connect spirituality with the patient.

The particular section on exercising one's spirituality was also helpful for the participant to utilize some of the meditational and awareness exercises stated in the book. Emphasis was placed on relaxation, breathing, being alone to reflect, prayer, and meditate over the visit with the patient, your actions and what was going on inside you during the visit with the patient. This part of the training had to be practiced again and again.

#### Patient's Spirituality

Spirituality of the patient is inclusive. It is critical that our Hospital Ministry Chaplains train chaplains and non-chaplains to assess the spiritual orientation of the patient. The patient's spiritual orientation includes the patient's identity, values, beliefs, and social and cultural influences.

The first step is a complete assessment and of each patient's physical, psychological, and social status should determine the need for care or treatment. The second step of this training process leads to determining the type of care or treatment to be provided. Then the third step determines the need for any further assessment. For instance, some of our participants felt that all that was

needed in visiting patients was their names, faith stance, and what unit they were located. This Volunteer Training Program will train them to do a complete spiritual assessment of the patient prior to the visit. The assessment does not take time and effort, but it is essential in providing quality patient care.

Now, the question may be asked is this a spiritual assessment or what does this have to do with the patient's spirituality. Our Volunteer Training Program is convince that no spiritual assessment can be administered or conducted without taking into consideration the patient's medical status, family support system, and faith stance or belief. We are compelled to look at the whole person. When a participant has done his or her homework and assessment in regards to the patient, we feel confident that quality patient care will occur.

It is also important to mention the scope and intensity of any further assessment are determined by: 1) the patient's diagnosis; 2) the treatment setting; 3) the patient's desire for treatment; and 4) the patient's response to any previous treatment. It is important for our ministry team to be linked with the hospital's medical team in order to provide total (complete) health care for the patient. Information gathering on the patient is essential to providing proper care.

## CHAPTER VI

### SUMMARY AND CONCLUSION

As a result of this Volunteer Training Program, the responsibilities for ministry no longer rest solely with the hospital chaplains and staff. The VTP proved to be an asset both to the Hospital Commander and the Post Chaplain. The Department of Ministry and Pastoral Care provided quality training for all chaplains, laity and spouses which also increased patient visitation and enhanced the morale of the patients and staff care providers.

First and foremost, the Volunteer Training Program (VTP) was designed to increase the staff of the Department of Ministry and Pastoral Care. A larger pastoral staff can conceivably provide more frequent visits and more personal care. Secondly, it was designed to train chaplains, laity, and spouses to perform the basic duties of a chaplain. The VTP ensured that patients were visited in a personal and timely fashion. The Hospital Commander's goal was also met as this new VTP was able to visit new patients within twenty-four hours of being admitted to the hospital.

Hospital ministry has been found to be an action-reflection type of ministry. The action-reflection type of ministry empowered the Chief of the Department of Ministry



and Pastoral Care to focus the VTP on three major areas: supervision, observation, and spirituality (SOS.) These three areas are parallel to those found in "Clinical Pastoral Education" (CPE), which is also an action-reflection type ministry. This type of ministry centers on a ministerial action followed by some level of clinical and spiritual reflection. The researcher instituted an initiative that after the volunteer chaplain conducts a pastoral visit, he or she was required to record the verbal conversation and non-verbal interaction with the patient in a formal pastoral report. The participants were trained to gathered as a group to provide feedback to the individual who conducted the visit. During the feedback session(s) the chaplain was challenged to explain his/her actions as they related to the patient.

Observation was important because the supervisor was able to personally observe the participant conducting a pastoral visit and provide her/him with immediate feedback. Peers were able to participate in the process, as well. Real learning took place when the person conducting the visit is not afraid to engage the patient, to "connect" with the patient's situation.

Spirituality is central to who we are and what we, as individuals, and it definitely affects what we have to offer to others. As care providers, we must be in touch with our

own spirituality and know where we stand with God when we communicate about God to others. The participants were challenged to reflect theologically and to record their reflections in the Pastoral Report. The following questions helped to guide the reflection: (1) How did you experience the presence of God with this patient? and (2) Where was God in this person's circumstances?

Supervision, observation, and spirituality are the three major areas of the Volunteer Training Program. The researcher was convinced that every participant involved in the training must fully encounter each of these important things while making a pastoral visit.

#### **Critique of the Volunteer Training Program**

The Department of Ministry and Pastoral Care hosted a Professional Development Training (see Appendix 2) for all the Unit Ministry Teams at Fort Benning, Georgia, on 21 April 1998, at the Martin Army Community Hospital. The training centered on hospital ministry. During this four hour block of instruction, the Department of Ministry and Pastoral Care introduced the Volunteer Training Program. More than thirty persons attended this training session.

The training was broken down into the following parts:

- 1) an overview of the hospital's mission and the Commander's vision;
- 2) a definition of the meaning of hospital ministry and how it fits into the big picture;
- 3) An explanation of

the importance of each staff member; and 4) a tour of the various departments with a short briefing of each particular ward or unit. All Unit Ministry Teams then assembled in the chapel for an After Action Review.

During the After Action Review, a questionnaire regarding the effectiveness of the training was administered to the chaplains and chaplain assistants. The responses were surprisingly positive. Many in this group wanted to know when the Volunteer Training Program would be implemented. Some indicated an interest in becoming involved with hospital ministry. Others expressed some apprehension due to their fears about patient suffering and the issues of death and dying. Overall, the feedback was very positive and we were able to collect helpful data (see Table 1). The staff also briefed the Hospital Commander on the results of the training.

Table 1. After Action Review Results

HOSPITAL MINISTRY TRAINING AFTER ACTION REVIEW	
QUESTION	RESPONSE
Did the training meet your expectations?	100% were satisfied with training
Do you have any hospital ministry training experience?	90% of the participants did not have hospital training
Would you be interested in participating in a one week hospital training program here at Martin Army Community Hospital?	95% were interested in participating in a week of hospital training
What aspect of the training did you like best?	50% of the participants enjoyed all of the training; 20% enjoyed the orientation/tour of the hospital; the remaining 30% chose various wards
What part of the training do you think we need to give more attention to?	85% of the participants wanted more information on how to conduct hospital visits; 15% asked questions about ministry in the Emergency Room
What portion of the training did you dislike or feel we should discontinue?	95% of the participants did not want to change anything
Are you comfortable visiting patients in the hospital?	100% said "Yes"
Have you visited soldiers and families in the hospital since you have been assigned to Fort Benning?	70% said "No"; 30% said "Yes"
Do you feel that this hospital training was a waste of time?	100% said "No"
On a scale of one to ten (one meaning "poor" and ten meaning "superb"), how would you rate the training today?	The overall majority gave a rating of "8"

### Conclusion

The Volunteer Training Program proved to be a success. The program enhanced the quality of patient care. Chaplains and laity received professional training in pastoral care. The Post Chaplain and Hospital Commander endorsed the VTP as an ongoing ministry due to positive feedback from patients, family members, staff care providers and chaplains who were on active duty at Fort Benning, Georgia. The Chief of the Department of Ministry and Pastoral Care developed a quarterly training session for both active and reserve chaplains to receive training in Hospital Ministry. This quarterly training was also made available for civilians and laity who had an interest in Hospital Ministry. The VTP also developed a daily on-call roster for all chaplains to visit patients in the emergency room, the intensive care unit and other medical emergencies to assist the hospital chaplains with patient care.

The Volunteer Training Program has also been introduced to other hospitals throughout the Southern Region of the Army's Medical Command. The Medical Command Chaplain participated in one of the quarterly training sessions and thought the training was very informative and needed to enhance patient care.

## APPENDIX A

### Department of Ministry and Pastoral Care Martin Army Community Hospital Standard Operating Procedures (SOP)

#### I. GENERAL.

- A. PURPOSE: To establish the policies and procedures for the Department Ministry and Pastoral Care (DMPC) which provides coverage of the Martin Army Community Hospital (Martin Army Community Hospital).
- B. MISSION: To enhance the quality of health care through comprehensive religious and pastoral ministry to patients and Command personnel serving within the health services region, and to provide staff advice and actions as an integral part of the professional services healing team.

#### II. DUTIES.

A. CHIEF (C), DMPC: The departmental chief is accountable for the accomplishment of the department's mission to ensure the quality of pastoral care being provided to those within the Martin Army Community Hospital. The following area responsibilities help facilitate his and her accomplishment to the mission;

1. Provide pastoral care for the staff, patients and their families.

2. Manage department administration and logistics. A weekly department staff meeting will be conducted by the chief in order maintain the established rapport between all members of the Unit Ministry Team (UMT). In this meeting the administrative schedule will be set forth for the week in the DMPC. The Chief shall review all paper work prior to its dispatch from the department.

3. Provide a ministry of presence by attending staff and committee meetings, visiting staff and patients and attending various unit ceremonies.

4. Provide a complete religious program within the Martin Army Community Hospital. This program will include worship services, Bible Studies, Religious Orientations, Literature and workshops which shall bring the spiritual dynamic into the center of life's realities as experienced within the hospital.

B. CHAPLAIN CLINICIAN, DMPC. The clinician assists the chief in accomplishing the department's mission.

C. NONCOMMISSIONED OFFICER IN CHARGE (NCOIC), DMPC.

1. The NCOIC will maintain daily operation of the DMPC.

2. The NCOIC will initiate and maintain overall internal administration of the DMPC, Martin Army Community Hospital.

- a. Provide administrative assistance in facilitating pastoral care and counseling.
- b. Facilitate internal department administration.
- c. Provide logistical support for all religious services.

### III. NOTIFICATION PROCEDURES.

A. GENERAL. During normal duty hours (0730-1700 Monday through Friday), the notification and requests for pastoral care by chaplains and civilian ministers will be coordinated by DMPC. After duty hours and on weekends, such notification and requests will be made by contacting the staff duty chaplain.

#### B. RESPONSIBILITIES.

1. Chaplain emergency notification.

a. The DMPC is to be contacted as soon as possible in all emergency situations. Emergency is defined as any situation which elicits an immediate intervention response from the health care treatment team.

b. The following situations are considered emergency situations by the C, DMPC and require chaplain notification as soon as possible:

1). Hospital codes.

2). Death of patients (including dead on arrivals (DOAs), stillbirths, and miscarriages).

3). Abuse incidents (including all suspected abuse, rape and or suicide attempts).

4). Emergency Room patients who are admitted for immediate surgery or to Intensive Care Unit (ICU.)

5). Change in patient's condition to seriously ill (SI) and very seriously ill (VSI).

c. The purpose of chaplain emergency notification is to:

1). Provide patient, family and staff with emotional and spiritual support during the crisis experience.

2). Provide patient information for follow-up notification for unit chaplain and other pastoral authorities.

## 2. Normal notification procedures.

a. Staff, patients, and family members requesting chaplaincy service have priority over the normal scheduled daily activities of the hospital chaplain.

b. Notification of the hospital chaplain can be made telephonically by calling the department (544-2511/1382) during normal duty hours.

## 3. Unit Chaplain Notification.

a. The DMPC will provide a current unit listing of all inpatients. DMPC will also provide next day unit notification for soldiers and family members admitted to Martin Army Community Hospital. This will be accomplished through use of the Fort Benning PROFS Network.

c. The DMPC will inform the unit chaplain of those patients from their units who are SI and VSI.

4. USAIC Post Staff Chaplain Office Notification: The DMPC has the responsibility to inform the staff chaplain's office of any pastoral care situation that may be of command interest. Command interest is currently defined



as the death of an Active Duty soldier, inpatients with a status of Colonel or above, or mass casualty situations.

#### IV. PASTORAL INTERVENTION.

A. GENERAL. All patients of Martin Army Community Hospital will be visited and screened as to their pastoral needs. Accomplishment of this task will require the assistance of unit chaplains, area ministers, the DMPC visitation volunteers and the Martin Army Community Hospital Chaplains.

B. CHARTING. DMPC Chaplains will provide input into patient charts for those patients who have received pastoral care from the staff of the department. Chaplains will make suggested referrals and consultations.

#### V. WORSHIP AND RELIGIOUS EDUCATION.

A. PURPOSE. To establish the guidelines, policies, and procedures for the conducting of worship services and Bible Studies within the Martin Army Community Hospital Command.

B. GENERAL. All religious services taking place within the MEDDAC and DENTAC Commands of Fort Benning and Martin Army Community Hospital will be coordinated through the DMPC.

##### C. RESPONSIBILITIES.

1. Regular Sunday Services (Catholic Mass and Collective Protestant Worship Service).

2. Wednesday Denominational Service (Collective Protestant).

3. Special Services (Memorial Services, funerals, dedications, and weddings).

4. Religious Education (Bible Studies and other special programs).

#### VI. VOLUNTEERS.

A. All volunteers working within the DMPC will be referred by their chapel or congregation or denominational representative and screened by the DMPC Visitation Coordinator. They will be under the direct supervision of the Chief, DMPC.

B. All volunteers will receive a basic orientation to the DMPC and Martin Army Community Hospital prior to beginning their work in the hospital. Upon completion of the orientation and training, the volunteer will receive the official hospital identification tag. The tag will be worn when making visitation rounds for the department only.

C. The DMPC Volunteer Coordinator or the NCOIC will provide first line supervision for Martin Army Community Hospital visitation volunteers.

D. Any religious group wishing to provide a special presentation or general visitation must first coordinate with the Chief, DMPC. The Chief, DMPC will then contact appropriate authorities for coordination.

#### VII. SCHEDULING.

A. GENERAL. Martin Army Community Hospital will have continuous Unit Ministry Team coverage.

The DMPC will provide this coverage during normal duty hours from 0800 to 1630 hours daily Monday through Friday. The USAIC Staff Duty Chaplain will provide coverage outside of these normal duty hours. The hospital chaplains will serve as backup to the staff duty chaplain's coverage of Martin Army Community Hospital.

#### B. RESPONSIBILITIES.

1. The DMPC will provide chaplain coverage for Martin Army Community Hospital during normal duty hours and in the event of a mass casualty event. The department will also provide worship services at Martin Army Community Hospital as per the pre-approved schedule.

2. The USAIC Staff Chaplain will provide chaplain coverage for Martin Army Community Hospital beyond normal duty hours. This coverage will be limited to emergency situations.

3. Denominational Chaplains and clergy of other faith orientations will be contacted to provide coverage for patients of Martin Army Community Hospital.

#### VIII. NON-APPROPRIATED FUND OPERATION.

A. All offerings received through Chapel Services and or programs will comply with the Fort Benning Consolidated Chaplains Fund Standard Operating Procedure (SOP).

B. Any request for memorial donations will be referred to the Fort Benning Consolidated Chaplains Fund.

VIII. REFERENCES (AR stands for Army Regulation and HSC stands for Health Service Command)

- A. AR 25-50
- B. AR 25-400-2
- C. AR 165-1
- D. HSC 10-1
- E. HSC 165-1
- F. MEDDAC 15-1

## APPENDIX B

### Officers' Professional Development Training

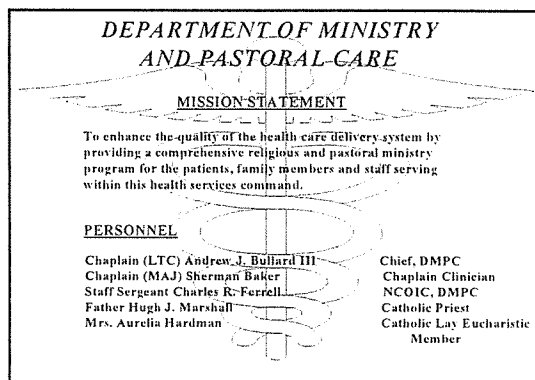
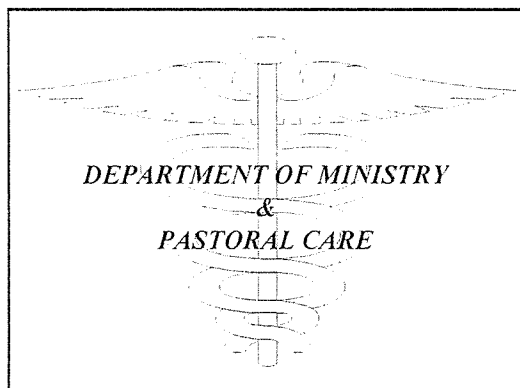
The Department of Ministry and Pastoral Care sponsored an Officers Professional Development Training opportunity for the entire Unit Ministry at Fort Benning, Georgia which was conducted in April of 1998 .

The training had a two-fold objective: to train Chaplains and Chaplain Assistants on how Hospital Ministry is conducted at Martin Army Community Hospital and to introduce the Volunteer Training Program.

Thirty individuals participated in a four hour training session conducted by the Chief of the Department of Ministry and Pastoral Care and the Hospital Clinician. A Chaplain Assistant and a Lay Eucharistic Minister assisted with the briefing.

The training consisted of a one hour briefing with an opportunity for questions and answers. During the second and third hour the Chief and Clinician gave a tour of the hospital facilities. Prior coordination was made for the various department heads to give a short briefing and a tour of the perspective wards. The final hour the group assembled in the chapel located in the basement of the hospital for an after action review. Questions were given to the participants to measure the success or failure of the training.

The following are slides were used to conduct the officers Professional Development Training :



## STRATEGIC GOALS AND PLANS FY 97 & FY 98

**VISION STATEMENT:** To provide a comprehensive pastoral care program for the patients and staff of the USAMEDDAC and USA DENTAC, Fort Benning, Georgia

**Goals:**

1. Provide crisis ministry to all patients and family members.
2. Provide weekly General Protestant and Catholic worship services.
3. Provide coverage for memorial and funeral services, as needed.
4. Provide daily visitation for all inpatients.
5. Continue to integrate spirituality into all holistic approaches to health care delivery.
6. Provide marriage and family counseling for staff members.
7. Conduct annual MEDDAC/DENTAC soldier retreats.

## DEPARTMENT OF MINISTRY AND PASTORAL CARE

### HOSPITAL MINISTRY

- Worship Services
- Memorial/Funeral Services
- Single Soldier Pizza Fellowship
- Marriage and Family Retreat
- Counseling Patients and Staff
- Quarterly Prayer Luncheon

## MINISTRY TRIAGE

### I. CRISIS MINISTRY

#### A. Patient

1. Codes
2. 2 BA/BI
3. Pre-op/Post-op
4. Death Transition

#### B. Family

1. Counseling
2. Morgue
3. Funerals

#### C. Staff

1. Counseling
2. Ministry of Presence

#### D. USAIC Staff Chaplain Duty Roster

## MINISTRY TRIAGE

### II. DAILY MINISTRY

#### A. Patient

1. Visitation
2. Prayer
3. Counseling

#### B. Family

1. Comfort
2. Counseling

#### C. Staff

1. Visitation
2. Counseling
3. Sacraments
4. Special Programs
5. Training

#### D. Chaplaincy Interaction

1. UMT Patient Notification
2. Training

## GOALS

To create a one-day training awareness session to inform and explain the purpose of Hospital Ministry. Individuals will be given a tour of the hospital facility to include the various wards.

## THINGS TO BE AWARE OF DURING PATIENT VISITATIONS

- Check with either the AOD desk or the Chaplain's office in the basement when you are in the process of locating a patient. Both places have a roster of all the patients broken down by denominations.
- Each individual needs to assess the medical status of each patient prior to the pastoral visit.
- Check with the Head Nurse or Charge Nurse regarding the patient's health condition prior to one's visit.

- Keep visits brief.

- Allow the patient to assist you with the type of specific ministry that is needed: Special prayer, anointing of the sick, communion, and so on.

- Please annotate the type of Pastoral Care that was administered during one's visit in the Process notes.

- Don't write anything controversial in the Process notes. If there is something unusual circumstances, please consult with the Clinician, the Chief of the Department of Ministry and Pastoral Care or the attending physician.

- Be sure to sign in and out from DMPC before visiting any patients.

- Hand washing is a must before you leave the room of a patient and when leaving the wards.

- Please make sure that all personnel are up to date on all immunizations. It is a requirement for all Chaplains to get their Hepatitis B shots.

- The Chief and Clinician will administer a verbatim for all Active and Reserve Chaplains who do not have any clinical pastoral training.

### WORSHIP SERVICES

TUESDAY	BIBLE STUDY	1200-1230
WEDNESDAY	COLLECTIVE PROTESTANT WORSHIP	1200-1230
SUNDAY	COLLECTIVE PROTESTANT WORSHIP	0800-0830
SUNDAY	CATHOLIC MASS	1900-2000

- The Chapel is open and available daily Monday through Friday for personal prayer and meditation from 0800 to 1630. Once a month the Department of Ministry and Pastoral Care will sponsor a Pizza Fellowship immediately following one the Wednesday worship services. The time of the Pizza Luncheon will be announced.

## APPENDIX C

### Volunteer Training Program Evaluation Tools SUPERVISORY AGENDA AND WEEKLY HIGHLIGHTS REPORT

Student \_\_\_\_\_ Date \_\_\_\_\_

1. Significant Autobiographical Data: (What is happening with you this week?)

2. Significant Personal Growth Issues:

- A. With self
- B. With patients
- C. With peers
- D. With staff
- E. With supervisor

3. Evaluation of Progress:

4. Agenda for supervisory Conference:

5. Report reading done this week:

\*Due one day prior to your supervisory conference

## END-UNIT EVALUATION REPORT

This brief outline is to assist volunteers in preparing their end-unit evaluation and to help them formulate goals for themselves during the one week training.

I. A brief introduction describing the experience for you, your expectations and goals, and how those may have been realized, changed or affected.

II. A description of your relationship with patients, their impact on you and your learning, your understanding of ministry to them, and significant issues with which you may have had to struggle.

III. Your relationships with your peers including your peer group experience, your feelings and insights, and your understanding regarding your professional as well as your personal growth.

IV. Your relationship with your supervisor: issues such as authority, role, autonomy and associated feelings, as well as your sense of professional growth.

V. Your relationship with yourself. What have you learned about yourself personally and professionally?

VI. Your understanding of ministry. Has it changed? Deepened? What has been its impact on others? On your vocational choice?

VII. Relationships with staff. What are your impressions of medical care, your ongoing understanding and experience of illness and hospitalizations, ethical issues in health care, etc.

VIII. Theological considerations. Has your theological thinking changed? If so, how?



## APPENDIX D

### Pastoral Care Reports PASTORAL CARE REPORT GUIDELINES

Pastoral care reports (PCR) are to be typed in the following format. Discussion of the pastoral care visit will be better facilitated if the actual Verbatim portion of the report focuses on the interaction between the chaplain and only one individual. When presented in a PCC or Large Group, a copy will be furnished for each group member. All introductory information must be included on each report. Each major section must be addressed.

PERSON: (Initials)

STUDENT:

DATE OF ADMISSION:

LOCATION: (Ward Number)

DATE OF VISIT:

VISIT #: (Indicate # of this visit)

AGE: RACE/SEX:

RANK: (or Sponsor's Rank)

MARITAL STATUS:

VISIT LENGTH: (How long with person?)

REPORT #:

RELIGIOUS AFFILIATION: (Be as specific as possible)

CLINICAL DIAGNOSIS: (The diagnosis from the Patient Chart)

PRESENTING PROBLEM: (what was the major concern discussed with the Patient?)

1. PASTORAL PLANS: What are your pastoral plans for this person based on information gained from any previous visits, physicians, nurses, or others? Did your pastoral plan change during this visit and, if so, in what way?

2. SITUATION AND FIRST IMPRESSIONS: Describe the person as you met him or

her physical and emotional attributes as well as the physical surroundings. What was on your mind when you entered? Did you have a hidden or verbalized agenda? What personal feelings were you aware of as you began the visit?

3. VERBATIM SECTION: Write out the verbatim portion of your PCR as nearly as possible. "Feelings" should be indicated to indicate the feeling(s) of each response by parishioner. Number the responses, leaving a space between each response as follows:

C1: Hello, Mr. J. (softly at the door)

(Impatient) P1: Yes, I'm Mr. J. Who are you? (Drawn away from staring out the window)

C2: I'm Chaplain Smith.

(angry) P2: You're what? (loudly)

(surprised) C3: One of the hospital chaplains...

Non-verbal dynamics are important and these, plus other clues such as pauses, silence, etc., need to be included in parentheses. You may want to also indicate your own feelings by your responses that seem significant for you. Include prayers in the verbatim section and indicate, in the Theological section, any religious rites/sacraments performed.

4. THEOLOGICAL REFLECTIONS: What religious/theological issues and questions are either explicit or implicit in this situation? What thoughts or plans, if any do you have to deal with this dimension? Describe the theological theme(s) appropriate to this person or situation and how you used this theme used this theme to inform you pastoral care.

5. SOCIOLOGICAL: What are the sociological (explicit or implicit) in this situation? Reflect on both the patient's and your social needs. How is the patient coping with these issues? Were system issues at work here?

6. PSYCHOLOGICAL REFLECTIONS: What are the psychological issues that this person is confronting or not confronting? Is the person denying certain aspects or his/her situation? Is the person depressed? How is the patient coping with his/her illness or crisis? Use your reading assignments to help express the psychological issues of the person. Also

include any parallel or similar issues that involve yourself which may affect the way you minister to the person.

7. ANALYSIS OF PASTORAL CARE: How well did you, as the chaplain, do in providing pastoral care? What are the areas that were difficult for you? Where are the specific place you liked your pastoral care? For example: "In C2, I boldly proclaimed myself as a chaplain." Also note mistakes or second thoughts and indicate what you might have said better. You may wish to cite certain patient responses and comment upon them. For example: "In P2, I thought he had some anger toward chaplains. I wondered if another chaplain had bothered him and now the patient was taking it out on me." What are the person's needs? What is his/her attitude toward you? What have you learned personally and pastorally? In what areas of your life and history did this person touch your own personhood?

8. PASTORAL OPPORTUNITY: What might you, as a pastor, "do" or "be" for this patient in the future? Take into account the psychological and theological issues in describing the opportunity.

9. SPECIFIC ASSISTANCE REQUESTS: Why did you choose to report this pastoral visit? Where do you need help (personally or professionally) with this or similar situations? (Be specific). How does this PCR relate to your learning goals? What is that you want to learn (specifically) from this PCR? This section should be very specific as to the area(s) you want to explore with the group and/or supervisor(s). Do NOT phrase your request in a way that seems to ask for a general, "Tell me how well (or poorly) I did as a chaplain."

## APPENDIX E

### Mass Casualty Management and External Disaster

#### 1. References:

- a. AR (ARMY REGULATION) 165-1, Chaplain Activities in the Army
- b. HSC (HEALTH SERVICE COMMAND) Regulation 165-1, Religious Activities
- c. FM (FIELD MANUAL) 16-1, Religious Support Doctrine
- d. Annex K, (USAIC (UNITED STATES INFANTRY CENTER) Chaplain Activities) to Fort Benning Mass Casualty Contingency Plan

#### 2. General:

a. Purpose. To provide planning considerations to conduct chaplain operations in the event of a mass casualty or other emergency situation.

b. Mission. The Department of Ministry and Pastoral Care (DMPC) will provide spiritual care for patients, family members and the staff of Martin Army Community Hospital (Martin Army Community Hospital) during mass casualty or other emergency situations.

#### 3. Responsibilities:

4.

##### a. Plans.

(1) During normal duty hours, the administrative officer will notify the Department of Ministry and Pastoral Care (DMPC) of mass casualty or emergency situations. Emergency notification procedures will notify DMPC during other times.

(2) The Chief, Department of Ministry and Pastoral Care will immediately notify the USAIC Staff Chaplain.

(3) The Chief, Department of Ministry and Pastoral Care will direct chaplain coverage within Martin Army Community Hospital and coordinate with the USAIC Staff Chaplain for additional chaplain coverage in civilian hospitals. The Admissions Office will provide the number of

patients admitted and transferred, along with their religious preference.

(4) Chaplains will report to the DMPC, Martin Army Community Hospital. Chaplains with prior clinical training will be assigned to the most traumatic areas and assignments will provide for a balanced faith mix. Chaplains will take positions in the following areas:

- (a) Triage/Sorting Station(s)
- (b) Emergency Room
- (c) ICU-INTENSIVE CARE UNIT
- (d) Expectant, Delayed, and Minimal Patient Areas
- (e) Family Waiting Areas

(5) The NCOIC (NON COMMISSIONED OFFICE IN CHARGE) of the Department of Ministry and Pastoral Care will open and maintain the Hospital Chapel. The NCOIC, in consultation with the USAIC Staff Chaplain NCOIC, will coordinate Chaplain Assistant coverage where needed.

(6) The Martin Army Community Hospital Chapel/Chaplain Office will be operational until the conclusion of the emergency. The Martin Army Community Hospital Chaplain Office will serve as a manpower pool for unit ministry team (UMT) assets at Martin Army Community Hospital.

(7) In the event the Hospital Chapel/Chaplain Office is not available, UMT coverage will be directed through the USAIC Staff Chaplain's Office.

b. Personnel:

(1) Additional personnel will be allotted for hospital coverage by the USAIC Staff Chaplain. Personnel will be needed for 24 hours coverage during the emergency.

(2) UMT members will wear the appropriate military uniform throughout the emergency.

c. Logistics:

(1) A basic supply of literature, office supplies and sacramental elements will be maintained by the Department of Ministry and Pastoral Care for emergency situations.

(2) Maintenance of communications will be by telephone, the post beeper system and PROFS. The Chief or representative from DMPC will maintain regular contact with the EOC.

(3) The Service Branch of the Logistics Division will provide for the basic transportation needs of the DMPC.

USAIC UNIT UMT assigned vehicles and personally owned vehicles will also be utilized, if needed.

d. Training. The DMPC will conduct an after action review following the emergency situation. Training issues will be identified and forwarded to the USAIC Staff Chaplain and Martin Army Community Hospital PTM&S for inclusion in future training sessions.

e. Information. UMT members will forward information request to the Patient Affairs and Community Relations.

e. Clinical:

(1) Priority for ministry and commitment of Chaplain resources:

(a) Provide appropriate worship ministrations, rites, and sacraments to all injured personnel.

(b) Provide pastoral care to soldiers and family members expressing loss and grief.

(c) Provide pastoral care to command, staff and other UMT personnel.

(d) Provide memorial services, memorial ceremonies, and funerals.

(e) Provide follow-up ministry to affected units and family members of deceased and injured soldiers.

(f) Provide follow-up ministry to command, staff, and UMT personnel.

(2) Chaplains will use the following abbreviations for entries on the admission sheet:

(a) ADM - Administered to by Chaplain

(b) CON - Absolution Granted

(c) HC - Holy Communion Administered

(d) SS - Sacrament for the Sick

(e) BAP - Baptized

(3) UMT members will support and coordinate with other agencies (Red Cross, Social Work Services, Casualty Office, etc.) as needed.

g. Referral of media request will be to the Martin Army Community Hospital Public Affairs Officer.

## APPENDIX F

### Department of Ministry and Pastoral Care Redbird Response Standard Operating Procedure

1. PURPOSE: To establish the procedure for DMPC response to notification of emergency CPR codes (REDBIRD) within the medical center.

3. PROCEDURE:

a. Beeper: A REDBIRD beeper has been issued to DMPC for the purpose of notification of codes within the medical center so that we can provide on-site ministry.

(1) The beeper will be carried by the Protestant duty chaplain in addition to his or her own beeper.

(2) On weekdays, the chaplain designated as the Protestant duty chaplain for that evening will obtain the REDBIRD beeper from the Clinician, DMPC, at 1300. He or she will relinquish the beeper back to the Deputy, DMPC, at the conclusion of duty at 0730 the next morning.

(3) On weekends, the Protestant duty chaplain will carry the beeper during his or her tour of duty and pass it on to the next chaplain at the conclusion of the duty.

(4) On weekdays, during the period 0730-1300, the REDBIRD beeper will be maintained by the Clinician, DMPC, or designee. When a code notification is received, the senior floor chaplain for the floor that the code is on will be paged by the Clinician to respond to the code.

b. Response to Codes: Upon arrival at the code site, the chaplain will take the following steps:

(1) Determine whether the patient's family members are in the area. If so, render assistance as needed. If a Catholic Chaplain is needed, notify DMPC immediately.

(2) If the code takes place in a multi-patient room, be sensitive to the effect of this on the other patients and provide comfort and assistance as needed.

(3) Also be sensitive to the effect of the code on the responding staff. Render pastoral care afterwards as needed.



(4) If additional pastoral care support is needed during duty hours, call DMPC for help. Ask for help if the situation warrants it! Your priority for ministry is the code. If your pager goes off for another call, call DMPC for help so that they can respond to it.

(5) Upon completion of your response, make an entry into the patient's progress notes, brief the Clinician, DMPC, notify the appropriate senior level chaplain, and record the event in the DMPC duty log.

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